

**Commonwealth of Virginia
Department of Medical Assistance Services
Division of Long-Term Care**

***Consumer-Directed Services in the
Community-Based Waivers***

Employer Manual



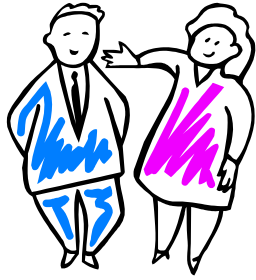
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WELCOME TO CONSUMER-DIRECTED SERVICES!



You have chosen Consumer-Directed (CD) services through a Medicaid Community-Based Care Waiver (HIV/AIDS, Individual and Family Developmental Disabilities Support (IFDDS or DD Waiver) or Elderly or Disabled with Consumer Direction (EDCD) Services. This manual will provide you with information about being an employer of your attendant. It will be useful to you when hiring, training, supervising, and, if necessary, firing attendants who will be providing your CD

services.

If you are a parent of a minor child (under 18 years of age), or the family member or caregiver of an adult with a cognitive impairment who is unable to fulfill the duties of an employer, you will serve as the employer on behalf of your child or family member in using CD services. An adult in need of services may also choose to have you serve as the employer on their behalf.

Your CD Service Facilitator (SF) will review this manual with you and help you in your new role as employer. You are encouraged to discuss employer concerns and questions with your SF at any time.

Attendants hired by you cannot be paid for any time when you are not an eligible Medicaid Recipient.

DEFINITION OF TERMS USED IN CONSUMER-DIRECTED SERVICES

Agency-Directed (AD) Services – A waiver service for which a provider (not the individual receiving services) is responsible for directing and managing services in accordance with the plan of care.

Attendant – The person you hire to provide consumer-directed personal assistance. This term is also used in this manual to describe persons who provide respite or companion services through consumer-directed services.

Case Manager (CM) - The person that manages your case and assists enrolled individuals to find providers of services. The case manager provides services to ensure that you receive appropriate and necessary services. Case management is sometimes referred to as “service coordination” or “support coordination.”

Companion Services – Provision of assistance with tasks such as meal preparation, shopping, light housekeeping, laundry, community access, money management, reminders

for medication self-administration or support to assure safety. Companion Services does not include hands-on care.

Consumer-Directed (CD) Services - Support services that are necessary to enable an individual to remain at or return home rather than enter an institution. Services may include assistance with bathing, dressing, toileting, transferring, and nutritional support necessary for consumers to remain in their own homes or in the community. Services can also include supervision, respite, and companion services.

Department of Medical Assistance Services (DMAS) - The state agency that is responsible for managing Medicaid-funded long-term care programs.

Eligibility Determination – The process to determine whether an individual meets the eligibility requirements specified by DMAS to receive Medicaid benefits.

Employer – Employer of Record (EOR) - YOU, the person receiving CD services from a personal attendant (your attendant) who is hired, trained, and supervised by yourself. This may also be your representative.

Employer Identification Number (EIN) – This is a number that you receive from the IRS that is used to track taxes of your attendant(s) and you the employer.

Family Friendly Report - This is a report that the fiscal agent will provide to you of the summary of the hours used by service and patient pay information, if applicable. This report will be sent to you quarterly.

Fiscal Agent – The DMAS contractor that pays your attendant for you, makes sure that payment is within the approved number of hours of service, and follows all hiring and tax rules on your behalf as employer of an attendant. The fiscal agent for consumer-directed services is **Public Partnerships, LLC (PPL)**.

KePRO - The prior authorization contractor will provide you with notice of authorization of services and the hours. The prior authorization contractor provides services on your behalf that are listed below:

- Management of your prior authorization requests
- Maintenance of your preauthorization information

Medicaid – The joint federal and state program to assist states in furnishing medical assistance to eligible persons.

Patient Pay - The amount of money that you pay directly to your attendant. Your SF will tell you if you have a patient pay amount. Patient pay is determined by your local department of social services and must be established before you can hire an attendant.

Plan of Care – A form that is completed by you, together with your service facilitator, that lists your personal goals and all the tasks that the attendant will perform on a daily basis, based on your needs, as well as informal supports in the community. The plan of care must contain the types of services to be furnished, the amount, frequency, and duration of each service, and the type of provider to furnish each service. Payment may only be made for waiver services that are prior authorized in the plan of care. The plan of care may also referred to as a “service plan.” This is a form developed by DMAS entitled the DMAS-97AB.

Respite Care Services – Care and services in the home or in the community, provided on a temporary, short-term intermittent, or emergency basis to provide relief/support to the primary caregiver (typically a family member) in caring for an individual with functional limitations.

Responsible Party – A volunteer, unpaid person who may assist an individual in directing and managing his or her care; a person who may act on behalf of another.

Service Facilitator (SF) – The person who guides you in hiring, training, and supervising your attendants as needed in the following waivers: DD and EDCD.

Rate of Pay – This is the hourly rate established by the General Assembly of Virginia for the attendant’s salary. Check with your SF for the current rates.

PROCESS FOR CONSUMER DIRECTED-SERVICES

STEP 1

Receive a screening by the local department of social services and local department of health, a child development clinic, or a community services board. At your initial screening, you may choose AD or CD services or a combination of both, depending on your needs.

STEP 2

You are enrolled in or are receiving waiver services. When you choose CD services or a combination of CD and AD services, your CM (for HIV/AIDS and DD Waivers) or preadmission screener (for EDCD Waiver) gives you the names and telephone numbers of possible SFs.

STEP 3

When you choose CD services or a combination of CD and AD services, you interview and choose a SF whom you select and contact directly. The SF will provide management training in hiring your attendant.

STEP 4

Your SF assists you in the development of a plan of care, which explains the services you need from your attendant.

STEP 5

The SF sends in the plan of care and any other appropriate paperwork for approval of CD services.

STEP 6

Your SF trains you and your family on hiring, supervising, and firing your attendants. **You and your attendant must enroll with the fiscal agent.** To do this, you must contact the fiscal agent and tell them you would like to be a CD employer. Or, your SF can contact the fiscal agent and ask for a *Request for Fiscal Agent Services* form. See the **“Got Questions?”** section in this manual for contact information. Employers and employees will receive a packet of information from the fiscal agent that must be completed and returned.

STEP 7

You select and hire your attendant(s). You and your attendant complete all employment paperwork provided. The completed packet is sent to the fiscal agent who makes sure all employment rules are followed for payroll processing. Your attendant may not begin to provide services until all information is received by the fiscal agent. Please see the appendices at the end of this manual for information on completing these forms.

STEP 8

Every two weeks, you verify your attendant’s work hours, have the attendant sign a timesheet, sign your attendant’s timesheets, and send them to the fiscal agent, preferably by fax.

STEP 9

The fiscal agent pays your attendant for you, less income taxes and patient pay, if appropriate.

STEP 10

The SF is required to visit you twice within 90 days of the first meeting with you and at least semi-annually to support you. You may contact the SF at any time with questions.

STEP 11

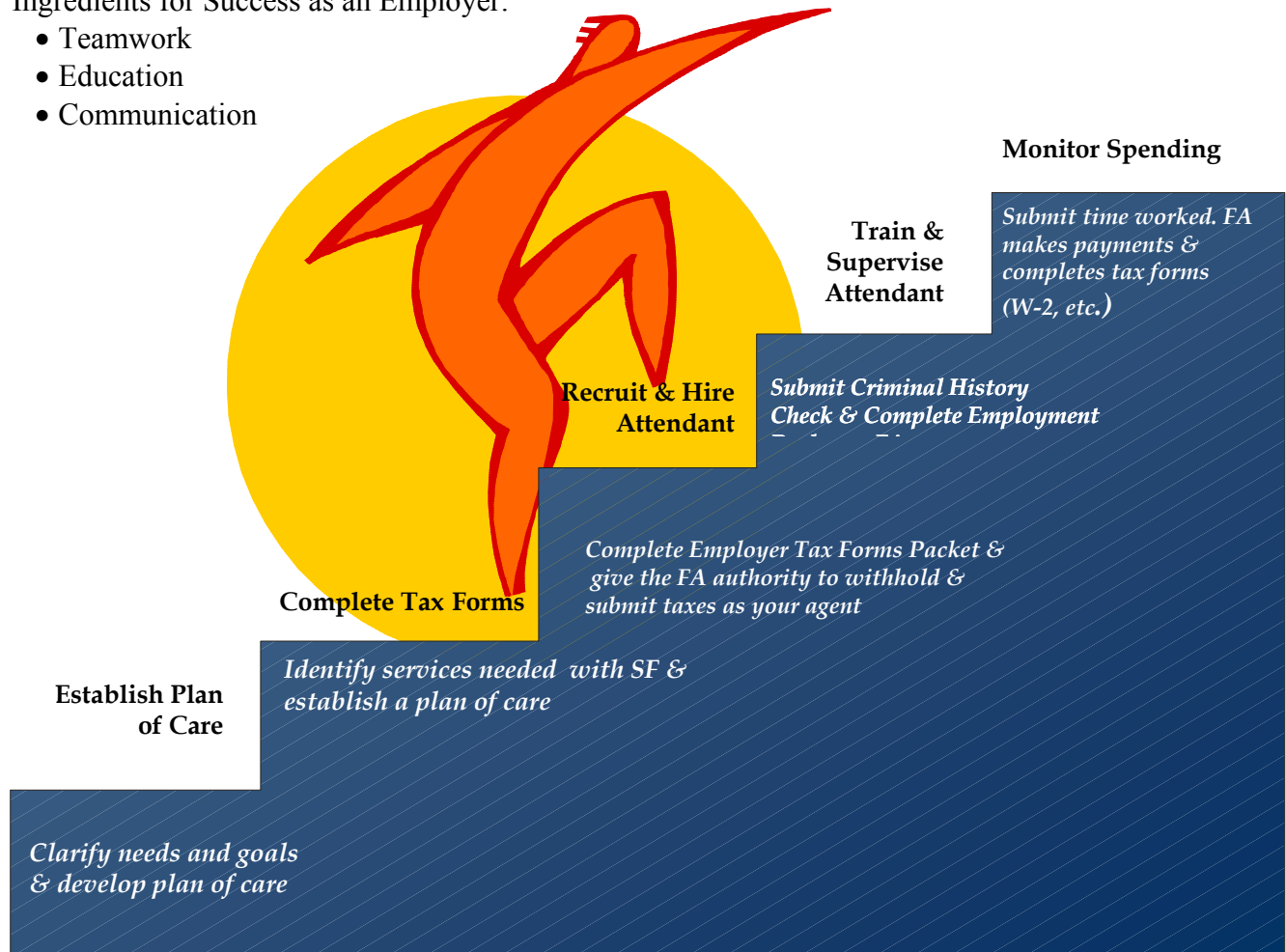
Review the *Family Friendly Report* that the fiscal agent will provide to you. This is a report that will provide you critical information on the hours used by service and how much you have paid your employee. This report will be sent to you quarterly.

The following graph shows the process to become a CD services employer.

STEPS TO BECOME A CD SERVICES EMPLOYER

Ingredients for Success as an Employer:

- Teamwork
- Education
- Communication



WHAT DO CONSUMER-DIRECTED SERVICES INCLUDE?

CD attendant services include, but are not limited to:

- Assisting with the care of your teeth and mouth.
- Assisting with the care of your hair, shaving, ordinary care of your nails, and other grooming needs.
- Assisting with your bathing in the tub or the shower or taking a sponge bath.
- Providing routine skin care.
- Assisting you with dressing and undressing.
- Assisting you to turn and change position, transfer (move around), and ambulate (walk or wheel).
- Assisting you to move on and off of the bedpan, commode, or toilet.
- Assisting you with eating (i.e., cut up your food).
- Assisting you with regularly self-administered medications by handing you pre-measured doses of medication and making sure that you receive medications at the right times. This does not include injectable medications, medications received through a feeding tube, or measuring dosages.
- Helping you to stay healthy and safe. Your attendant can even help you with some special care tasks (like bowel/bladder programs, range of motion (ROM) exercises), as long as a doctor has ordered these services, and the attendant has been trained by a nurse to help you with these tasks. The nurse must write down that he or she trained your attendant and received the physician's orders.
- Assisting you to take part in social, recreational, or other activities in your community.
- Going with you to appointments or meetings.
- Assisting you with taking care of your home and fixing meals, if no one else can do this. Some examples are: fixing and serving your meals; washing your dishes and cleaning the kitchen; making your bed and changing linens; cleaning your bedroom, your bathroom, and other rooms that are mostly used by you; shopping for your necessary supplies; general cleaning of your wheelchair or other equipment, if applicable; and washing your laundry.
- Assisting you at work. Some examples are: getting work materials that are out of your reach; helping you to organize things; reading mail to you; and, if you have a hearing impairment, assisting with finding an interpreter as needed.



SERVICES EXCLUDED FROM CD SERVICES

CD services do not include nursing services. If your attendant does any of these nursing services (e.g., administering medications, performing catheterizations, wound care, tube feeding) during the time that Medicaid is paying for the service, you may be removed from CD services, and the attendant may be reported to the Virginia Board of Nursing. If you have questions about what is a nursing service, talk to your SF.



CD attendant services may not be provided to other people in your household unless they are also eligible for CD services. Simultaneous sharing of attendants is not allowed (i.e., the caring of two consumers by one attendant at the same time).

CD respite services are only allowed during times when your usual, unpaid caregiver needs a break. The most respite services you can have in one calendar year is **720 hours**. This means that whether you receive AD or CD respite services, the total hours of both AD and CD services, cannot exceed 720 hours in any calendar year (i.e., January 1 through December 31 of each year).

YOUR RESPONSIBILITIES AS AN EMPLOYER

When electing consumer-directed services, as the employer, you incur all responsibilities and liabilities of an employer.

You will hire, train, and supervise your attendant. As the employer of your attendant, you:

1. Understand that you must be eligible for and enrolled in one of Virginia's CD waiver programs.
2. Agree to obtain an Employer Identification Number (EIN) from the Internal Revenue Service (IRS). The fiscal agent will help you with this.
3. Collect all necessary employee information as described in the appendix of this manual.
4. Agree to develop and have a plan of care outlining the tasks that you want the attendant to perform. This plan will be written out and available in place to guide the work you want your employee to do. Your SF will help you with this.

5. Orient, train, and direct your attendant in providing the services that are described and authorized by your plan of care or that you request. In addition, you will provide information to attendants about training opportunities.
6. Agree to establish a mutually agreeable schedule with your attendant, either orally or in writing.
7. Agree to provide adequate notice of changes that may be necessary in your attendant's work schedule, realizing such notice cannot be guaranteed in the event of unforeseen circumstances or emergencies.
8. Have a back-up plan in place to cover unforeseen illness for an attendant or scheduled vacations, holidays, etc.
9. Some participants in waivers are responsible to pay a portion of the attendant's salary (the "patient pay" amount). You agree to sign completed attendant timesheets and to pay the attendant patient pay net wages on a regular and timely basis according to the payroll schedule. If you have a patient pay amount, you will be notified by your local department of social services.
10. May employ the attendant while waiting for the completion of a criminal history record check for those crimes as specified in the criminal history record check and Child Protective Services (CPS) Central Registry check section of this manual. The fiscal agent will complete this for you. But, if the criminal record check comes back with a criminal record, or the attendant is found in the CPS Central Registry, you as the employer must stop employing the attendant. See the "Criminal History Record Request/CPS Request for Search of the Central Registry" section of this manual for more detailed information these background checks. It is important that you discuss this with your attendant, and you reserve the right to fire the attendant based on the results of a criminal history record check or the CPS Central Registry Check, if services are being provided to a child.
11. Understand that misrepresentation of time, services, individuals, and/or other information is not permitted. If you, or your attendant, sign a timesheet that is determined to misrepresent information, you will lose the option of consumer direction and will be reported to the Medicaid Fraud Unit.
12. Agree that federal income, Medicare, Social Security, and Virginia Income Tax (as applicable) will be withheld by the fiscal agent for you from wages per IRS Form W-4 and Virginia Form VA-4 as completed by the attendant.
13. Acknowledge and understand that payment to the attendant with DMAS (federal and state) funds may only be made as preauthorized by DMAS. Work performed over, or

prior to the start date of, the preauthorized amount will not be paid by DMAS; and payment of any payroll and applicable taxes are your responsibility.

14. Acknowledge that the attendant will not be paid for:
 - a. Services not performed or time not worked;
 - b. Services when the person receiving care is hospitalized or in a nursing facility;
 - c. Incorrect submission of timesheets;
 - d. Incomplete paperwork such as for the EOR, EIN, criminal record check, CPS Central Registry Check, authorizations, or any forms required by the IRS.
15. Understand that timesheets must be properly completed and signed by both the employer and the attendant. Hours recorded on the timesheets cannot exceed the preauthorized number of hours. Timesheets are due to the fiscal agent within two business days from the end of the pay period. Timesheets received after two days will be paid within the next payroll cycle. Incorrect timesheets will be returned or “pending,” and the attendant will not be paid until all issues are resolved.
16. Understand that all documents required by the *Employment Packet* must be completed by the attendant and submitted to the fiscal agent prior to performing work.
17. Provide the safety equipment and supplies necessary to provide your care. For example, if blood or other bodily fluids are handled, protective gloves are provided by the employer.
18. Acknowledge that you, as the employer, may be required to pay the attendant a “patient pay” amount. If so, the attendant understands that this amount will not be included in the payment received from fiscal agent. The fiscal agent will, however, withhold applicable taxes on this amount.
19. Understand that this agreement does not guarantee employment or payment of wages for any time period.
20. Agree to confidentially maintain all information regarding the employee and to respect your attendant’s privacy.
21. Understand that all paychecks are mailed to the attendant’s home or are sent by direct deposit only upon receipt of a correct timesheet. See Appendix C for information on how to correctly fill out a timesheet.
22. Understand that payment of wages is from Federal and State funds. Any false claims, statements, documents, or concealment of material facts will be prosecuted under applicable Federal and State laws.

23. For the EDCD Waiver, understand that your attendant cannot be the spouse or parent or stepparent if the employer is a minor. For the DD Waiver, the attendant cannot be the parent, if the recipient is a minor, or your spouse. The attendant understands that he or she may not be paid for services furnished if he or she is another family member/caregiver living under the same roof unless there is objective written documentation that is approved by the SF and the fiscal agent.
24. Understand that he or she may also not be your SF or CM.
25. Agree to be available for a review of your records as a part of the DMAS quality management review.

Understand that while PPL acts as your fiscal agent for payroll and tax purposes, as the employer, you are responsible for ensuring accurate and timely reporting and payment of payroll and applicable taxes.

WHO CAN BE YOUR ATTENDANT?

There are several things you must be sure about the person before you can hire him or her. To protect your health and welfare, DMAS has established the following minimum standards for the employment of attendants in the program. The attendant must:

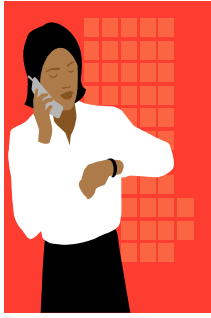


1. Be 18 years of age or older.
2. Have the skills to perform services as specified in the employer's plan of care.
3. Have basic math, reading, and writing skills.
4. Have a valid Social Security number and be authorized to work in the United States.
5. Submit to a criminal history records check, and, if the employer is a minor, the VDSS CPS registry.
6. Demonstrate the capability to perform health maintenance activities required by the individual and/or specified in the individual's service plan, or be willing to receive training in performance of the specified health maintenance activity. (Note: Companion and respite care services may not be tied to health maintenance activities.)

In addition, your attendant must:

1. Agree to assist you by providing the services and performing the activities specified in your plan of care.
2. Agree to protect your health and welfare by providing authorized services in accordance with the policies and standards of the applicable waivers, including the minimum qualifications for employment as an attendant.
3. Agree to provide services as specified in your plan of care on a schedule mutually agreed upon between you and the attendant.
4. In the event of illness, emergency, or other incident preventing services to be provided to the employer, agree to notify you as soon as possible so that you can obtain assistance from someone else.
5. Agree to participate in training in providing services, as required by you or as specified in your plan of care.
6. Agree to confidentially maintain all information regarding you and respect your privacy.
7. Understand that this agreement does not guarantee employment or payment of wages for any time period.
8. Understand that he or she is employed by YOU.
9. Understand that your property is not to be used for his or her personal use unless mutually agreed upon by both parties prior to use of property.
10. Understand that he or she must be punctual, neatly dressed, and respectful of all family members. All instructions as to care shall be carried out carefully. Your telephone may be used only with permission.
11. Understand that misrepresentation of time, services, individuals and/or other information is not permitted.

EMERGENCY BACK-UP SUPPORT PLANS



You must have a back-up support plan so you are not left without someone to do the things your attendant would usually do for you. If you do not have a back-up support plan, ***you cannot participate in CD Services***. Your SF or your case manager may NOT be your back-up support.

Keep a list of names, telephone numbers, and hours that people are able to work as back-up supports. If Medicaid is paying your back-up support, the individual must have signed the same employment forms as your regular attendant, follow the same rules, and meet the same qualifications. Your back-up plan will be included in your plan of care.

Having to fire an attendant immediately is another good reason to have a back-up support plan. Having a list of substitute attendants allows you to fire an attendant if you need to without worrying about finding a new attendant immediately.

YOUR NEEDS AND PREFERENCES

It is important to decide what you need support with and when you need support before you hire your attendant(s). Your plan of care is a good source of information about your care needs. Your SF will help you develop your plan of care.

Your attendant(s) must also be aware of your habits, likes, dislikes, and abilities. For example, if you have not had to be responsible for housekeeping, you may need to learn what kinds of household products are needed and how they are used, because your attendant may need your direction in this area.

The questionnaire in this manual about likes and dislikes may help you think about things you will want to discuss with your attendant(s).

ATTENDANT JOB DESCRIPTIONS

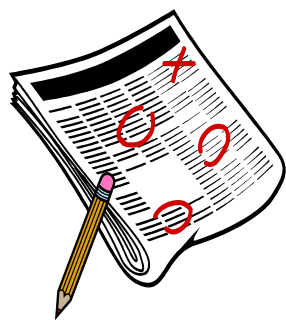
You need to have a job description for your attendant. Your SF may help you write the description. The key to your success as an employer is a specific, easy-to-understand job description for your attendant.

A job description is used to define the duties, manage time, and schedule your attendant. The purpose of a job description is to provide the person who might become your

attendant with a brief description of what he or she would be doing each day to support you. It is not meant to replace any training or other directions you give your attendant. Be realistic about what the attendant can do for you.

A sample job description and a sample job application are found later in this manual. These are optional for you to use, and are provided to help you with the interview process.

ADVERTISING FOR AN ATTENDANT



Now that you have created a job description, you are ready to advertise for your attendant, if you don't already have someone in mind. Your SF may help you find applicants and has a list of people interested in working as attendants.

No matter how you advertise, be sure to allow plenty of time for advertising for an attendant before you really need him/her to start to work for you. The costs of recruiting an attendant are your own expense. DMAS does not reimburse you or your SF for advertising expenses.

Here is a sample job advertisement that you may use, or you may write your own:

SAMPLE JOB ADVERTISEMENT FOR HIRING AN ATTENDANT

(Note: You may use one of these or develop your own.)

“Part-time attendant needed for female with a disability. Assist with personal care, grocery shopping, and housekeeping. For more information, call or write....”

“Part-time attendant needed for male with a disability, 8:00 a.m. to 12 noon weekdays. Help with personal care, grocery shopping, and housekeeping. Call. . .”

“Young adult with a disability needs part-time companion to maintain independent lifestyle. Hourly wage. Call _____ after 9:30 a.m.”

“Part-time attendant needed for elderly woman. Help needed with personal care in the mornings during the week. Call . . .”

SCREENING APPLICANTS AND SCHEDULING INTERVIEWS

After placing the job ad, be ready to receive telephone calls. You will need to find out what hours applicants can work and what pay they will accept. If they want more pay than what is allowed, or if they cannot work the hours you need, you do not have to interview them. These questions can save you time by helping you screen out applicants who don't meet these basic criteria. Be sure they meet the basic qualifications for employment as identified in the next section.



If the person's hours, pay, and transportation needs meet your needs, you may want to give a brief description of the job, hours, and salary. Keep the job description near the telephone, along with paper and pencil, in case you need to write information down. Your SF can assist you.

If the person is interested in the job, you should now set up a time to conduct a formal interview. You may know that a person would not be appropriate for this job after you and the applicant talk about the responsibilities.

INTERVIEWING FOR YOUR ATTENDANT

After you have reviewed the applicants' information, and you have selected a few who might be good for the job, it is time to plan your interviews. The main things you want to do in the interview are to learn about the applicant and decide if you would be comfortable having this person work with you. It's not easy to gather a lot of information in a short period of time, but there are ways to interview so that you get enough information to make a good choice.

It is recommended that you have the applicant come to your home or other place you choose to fill out an application and complete an interview. At that time, you can further assess many things about the person without even asking questions. For example,

- Is he or she on time for the interview?
- Is he or she dressed neatly and clean?
- Does he or she look you in the eye while you are talking?
- Does he or she seem interested in what you have to say and is polite?
- Does he or she answer questions completely?
- Can he or she work the scheduled hours you need?



- Do you feel you would be comfortable with this person caring for you?

The purpose of the interview is to learn as much as you can about the applicant and to give him or her information about yourself, so that both of you have enough information to make a good decision. You may want to have someone that you trust with you during the interview.

When scheduling interviews, allow enough time between appointments to think about each applicant and write down some notes about the person you just interviewed. If you interview several people in one day, it can be hard to remember things you liked or disliked. It may be helpful to list, in order, the things you feel are important in an attendant. After each interview, you may check off which of these qualities you think the applicant has.

Some tips to conduct the interview include:

1. When the applicant arrives, welcome him or her, introduce yourself, and try to make him or her comfortable.
2. Explain your care needs, if you feel comfortable doing that.
3. Have your written job description ready to give to the applicant and take some time to explain it. Talk about the rate of pay and how payment will be made. You may also provide a copy of your schedule to show him or her the hours you would need help.
4. Ask the applicant about jobs he or she has had in the past. You could ask the applicant to provide a list of jobs he or she has held, where he or she was employed, how he or she felt about the work, and why he or she left the position. A resume would be helpful, if the applicant has one prepared.
5. Ask for at least two (2) references from past employers.
6. Ask the applicant why he or she wants this kind of work.
7. Talk about how you will tell your attendant if you think he or she is doing a good job. Let the applicant know that you want to be told how he or she is feeling about the job duties, if hired. Stress that you want to be able to discuss concerns as they arise.
8. At the end of the interview, thank the applicant for his or her time. Tell the applicant that you will be in touch when you have made a decision.

9. After all the interviews are over, you will need to call or write each applicant to tell him or her whether or not he or she got the job. If you thought someone could do the job, but you decided to hire someone you liked better, ask if he or she would be able to be a back-up support. If he or she says yes, keep that applicant's application on file.
10. Be sure to check references provided.

If you are still not sure if an applicant you interviewed is able to do the job, you may want to have a second interview. Ask more questions to find out if this is the person you want for your attendant. During the second interview, if you feel more comfortable, the employment agreement and payroll process can be explained.

NEVER MAKE A HASTY CHOICE! Please do not hire an attendant over the telephone. Always try to interview more than one applicant. Checking work references of applicants may help you decide whom to hire. You can call previous employers and explain the job the person is applying for and ask if the applicant was dependable, honest, and got along well with others. There may be other questions you want to ask, such as whether the employer would hire the applicant again. Remember your decision is based on being an employer.

QUESTIONS YOU MAY WANT TO ASK IN AN INTERVIEW

During the interview, keep in mind the qualities that you like in people who work with you. Your attendant should be someone you like and respect. Some of the following questions may help you decide if you will get along. You may ask other questions about things that are important to you.

Food and Eating Arrangements

1. What kinds of foods do you usually eat? What do you like or dislike?
2. Do you like to cook? Are you a good cook? What do you cook?
3. Where do you shop for groceries?
4. Do you eat at regular times or when you feel like it?
5. If you like different foods than I do, are you willing to prepare my meals?

Transportation

1. How do you feel about helping me with errands?
2. Would you be willing to drive my car?
3. Are you willing to drive me in your car? If so, what insurance do you have?
4. What can you tell me about your driving record?
5. Would it be OK to obtain your driving record from the Division of Motor Vehicles?

Housekeeping

1. What experience have you had with housekeeping and laundry?
2. Do you like things very neat or are you not very particular?
3. How do you feel about my providing cleaning instructions to you?
4. Do you work better with a definite schedule for cleaning and laundry (e.g., vacuum on Monday, scrub floors on Tuesday, etc.), or do you like to decide for yourself?

Personal Care

1. How will you handle helping me with toileting or suppositories, if necessary?
2. How will you handle bathing me, if necessary? Describe how you would provide a bath.
3. Is there any part of my personal care needs that make you feel uncomfortable?
4. What experience have you had in providing personal care?

Preferred Activities and Other Questions

1. Do you smoke? Do you drink alcoholic beverages?
2. Do you sleep late in the morning or get up early?
3. Tell me about yourself.
4. Do you go out to see friends?
5. Do you like activities well-planned or do things on the spur of the moment?
6. What do you like to do for entertainment?
7. Do you like to listen to music? What kind? How loud?
8. Do you like quiet surroundings?
9. Do you like to watch TV? What are your favorite TV programs?
10. What hobbies do you have?
11. Do you consider yourself a flexible person?
12. How do you react if you have to change your plans at the last minute?
13. Tell me about your personality.
14. Why do you want this job?
15. Do you have any emotional or health concerns that might keep you from doing this job well?
16. Do you have any questions about the job description?

A NOTE ON QUESTIONS YOU MAY NOT ASK...

When interviewing and making your choice of attendant you may not discriminate in your employment determination based upon age, gender, religion, race, ethnicity and/or sexual orientation.

MY LIKES AND DISLIKES

(Note: You may use this or develop your own.)

FOOD/EATING ARRANGEMENTS AND HOUSEKEEPING

1. What kind of foods do I usually eat? Like? Dislike?

Usual breakfast foods: _____

Usual lunch foods: _____

Usual dinner foods: _____

Favorite foods: _____

Least favorite foods: _____

2. Do I eat at regular times or when I feel like it?

Regular times: breakfast _____ lunch _____ dinner _____ When I feel like it _____

3. How do I feel about eating with my attendant?

That's OK with me _____ I'd rather my attendant ate before or after working with me. _____

4. How do I feel about giving cooking instructions to my attendant?

That's OK with me _____ I don't feel comfortable/able to do that _____

5. If my attendant doesn't know how to cook the kinds of foods I like, am I willing to eat what he or she can cook?

Yes _____ No _____

6. Do I like things very neat or am I not particular?

I like things very neat _____ Things can be a little messy as long they are clean _____

7. How do I feel about giving cleaning instructions?

I like to give directions _____ I don't feel comfortable/able to do that _____

8. Would I like a definite schedule for cleaning and laundry?

Yes _____ No, just clean as needed _____

MY LIKES AND DISLIKES – PAGE 2

(Note: This is an optional form.)

PERSONAL HABITS

1. Do I use any tobacco products?

Yes, cigarettes ___ cigar ___ pipe ___ chewing tobacco ___ No ___

2. Do I drink alcohol?

Yes, regularly ___ every once in a while ___ Not at all

3. What time do I usually get up in the morning?

4. What time do I usually go to bed at night?

5. Do I go out to visit friends and to participate in other social activities?

Yes, on my own ___ Yes, but I need some help ___ No, but I would with help ___ No

6. Will I want to entertain friends and family in my apartment/home?

Yes ___ No ___

7. Do I like to listen to music? What kind? What volume?

Yes, I like music ___ I like loud music ___ I like soft music ___
My favorite music is _____ No, I do not like music

8. Do I like peace and quiet?

Yes ___ No ___

9. Do I like to watch TV?

Yes ___ My favorite shows are: _____
No ___

10. What hobbies do I have?

Board games ___ Puzzles ___ Needlework ___ Collecting ___
Others: _____

11. Is there a spiritual part of my life that is important?

Yes ___ No ___

SAMPLE JOB DESCRIPTION FOR HIRING AN ATTENDANT

(Note: You may use this form or develop your own.)

I use an attendant to assist and support me in the following ways.

Weekdays: _____ Weekends: _____ Evenings: _____

I need my **attendant** to help me with activities of daily living that include:

Bathing: _____

Transferring: _____

Grooming: _____

Hygiene: _____

Toileting: _____

Dressing: _____

I need my **attendant** to help me on the job by: _____

I need my **attendant** to help me with the following special activities (after getting trained and being checked from time to time by a nurse):

Bladder Care: _____

Bowel Care: _____

Wound Care: _____

Range of Motion Exercises: _____

I need my **attendant** to support me in these other ways:

Help with Medication Self-Administration:

Lifting up to 50 pounds:

Meal Preparation: _____

Housekeeping: _____

Laundry: _____

Grocery Shopping: _____

Making sure I am safe: _____

Going with me to appointments or social/recreational activities: _____

Transportation: _____

NOTE: I expect my attendant to be on time, neat, honest, and to enjoy working with people. I ask that you dress casually. Please give me at least two hours notice if you are going to be late or sick and at least one week's notice for planned days off. Please give me two weeks to a month's notice if you have to leave this job. When performing personal care to my body (or my child's body), please inform me (the employer) of any bruises, scrapes, or skin problems. Please feel free to ask any questions about my personal care or other needs. I feel more comfortable when people understand the purpose behind the support I need. The hourly wage for Consumer-Directed Services is set by the Virginia General Assembly and is not negotiable.

SAMPLE ATTENDANT APPLICATION <i>(Note: You may use this form or develop your own.)</i>
--

Name: _____ **Phone:** _____

Address: _____
 Street **city** **state**

ZIP Code: _____ **How long have you lived there?** _____

Sex: _____ **Are you 18 or over?** _____

In case of emergency, notify: _____

Experience in attendant work/nursing/companionship aide?

How long? _____ **If so, where?** _____

Hours willing to work: _____ **Part-time** _____ **Days** _____ **Nights** _____

Weekends _____ **Back-Up** **Date Available:** _____

How many hours per week? _____

Permanent _____ **Temporary** _____

Are you willing and able to do emergency back-up work? _____

Do you have reliable, steady transportation to and from work? _____

Do you have a valid, current Virginia Driver's License? _____

Have you been convicted of a felony or misdemeanor or other offense within the past five years?

If so, please explain _____

Are there any jobs that you would not want to do (for example, work for opposite sex, duties listed in job description, etc.)? _____

Who referred you? _____

Salary Acceptable _____

The answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not a contract of employment.

Applicant Signature _____ **Date** _____

HIRING AN ATTENDANT

When you hire an attendant, you should talk about these things with him or her:

1. The written job description and attendant application. At this time, you and your attendant must review and complete the application.
2. Review the schedule of days and times that you expect your attendant to work and what days your attendant will be off. Your back-up support plan should be used on your regular attendant's days off, if needed. Talk about the date you want him or her to start working. Decide on a time to train your attendant, if needed.
3. Review your plan of care and how you need them to help you meet each service need. Inform them where the plan of care will be if they want to refer to it.
4. The attendant must complete the forms in the *Employment Packet*. The fiscal agent cannot pay for any services until a completed packet is received for the attendant.
5. Talk with your attendant about the payroll dates and tell him or her that the first check will be mailed **at least** 1 1/2 weeks after the end of the first payroll period and after all enrollment information is received by the fiscal agent. Paychecks are only issued based on properly completed timesheets.
6. The fiscal agent will conduct a Criminal History Record Request and/or CPS check as appropriate for each attendant you hire. See the next section for details.

CRIMINAL HISTORY RECORD REQUEST/CPS REQUEST FOR SEARCH OF THE CENTRAL REGISTRY



A *Criminal History Record Request* form must be submitted for every attendant that you hire. If the individual receiving CD services is a minor, a VDSS *CPS Request for Search of the Central Registry* and *Release of Information* form must also be completed as part of the packet sent to the fiscal agent.

IMPORTANT: As the employer, you are **not** required to submit the payment for the attendant's criminal history record check or *CPS Request for Search of the Central Registry*. This is the job of the fiscal agent who will do this on your behalf. The fiscal agent must submit a criminal record check and *CPS Request for Search of the Central Registry* within 15 calendar days of the attendant's employment. The fiscal agent will report findings of these checks to you.

One of three results may occur as a result of the criminal history background check and *CPS Request for Search of the Central Registry*. Each circumstance will be handled differently by you as follows:

- **No convictions:** If there is no conviction found for your attendant on the criminal record check, and the attendant is not listed on the CPS Central Registry (if the individual receiving CD services is a minor), you may proceed with hiring and/or continued employment of the attendant.
- **One misdemeanor:** The *Code of Virginia* (§ 32.1-162.9:1) says that a person may be hired if he or she was convicted of one misdemeanor that did not involve abuse or neglect or low morals, as long as five or more years have passed since he or she was found guilty. If you find out that you have hired an attendant who was convicted five or more years ago of a misdemeanor crime, and you still want him or her to keep working for you, you must sign an *Individual/Employer Acceptance of Responsibility for Employment* and send it to the fiscal agent. Your SF can help you with this form. The attendant must also not be listed in the CPS Central Registry.
- **Conviction of a crime that prohibits continuation of employment (i.e., a “barrier crime”) or listing in the CPS Central Registry:** If the criminal history record check finds that your attendant has been convicted of one of these crimes, OR if the attendant is listed in the CPS Central Registry, he or she will not be reimbursed for services provided to you after the record check comes back. The attendant will not be allowed to continue to provide you with CD services.

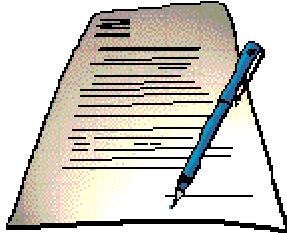
The following crimes listed in the *Code of Virginia* (§ 32.1-162.9:1) and Virginia Medicaid regulations (12 VAC 30-120-770) are barrier crimes, and conviction of any of these would prohibit the attendant from working for you.

- Murder;
- Abduction for immoral purposes (as set out in § 18.2-48);
- Assaults and bodily woundings (as set out in Article 4 (§ 18.2-51 et seq.) of Chapter 4 of Title 18.2);
- Robbery (as set out in § 18.2-58);
- Sexual assault (as set out in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2);
- Arson (as set out in Article 1 (§ 18.2-77 et seq.) of Chapter 5 of Title 18.2);
- Pandering (as set out in § 18.2-355);
- Crimes against nature involving children (as set out in § 18.2-361);
- Taking indecent liberties with children (as set out in § 18.2-370 or § 18.2-370.1);
- Abuse and neglect of children (as set out in § 18.2-371.1);
- Failure to secure medical attention for an injured child (as set out in § 18.2-314);

- Obscenity offenses (as set out in § 18.2-374.1 or § 18.2-379); or
- Abuse or neglect of an incapacitated adult (as set out in § 18.2-369).

ATTENDANT AGREEMENT

A written agreement between you and your attendant will help you to start off with and keep a good working relationship. It will help each of you know your responsibilities.



When you hire your attendant, both of you need to sign the *Employment Agreement between Employer and Attendant*. This form is a part of the Employment Packet and must be completed and sent to the fiscal agent. Your SF may help you with this. This document addresses compensation for your attendant, duration of and changes

to the agreement, scheduling, attendant qualifications, duties, and policies, your responsibilities as employer, and mutual responsibilities.

RECORD KEEPING

As an employer, you need to have a record keeping system, such as a three-ring notebook or folders to keep all papers related to your attendant. Some documents you should keep include:

- The attendant's job application
- Notes from the interview
- Reference checks
- Copies of time sheets
- The agreement between you and your attendant
- Copy of forms submitted to the fiscal agent
- Record of training provided to the attendant
- Any other forms with your signature



Good records can resolve disagreements, and you will find it is easier to fill out any reports that are needed. Remember to sign and date all of your documentation.

TRAINING NEW ATTENDANTS



The most important part of training your attendant is giving clear directions that can be easily understood. Be prepared so that you are comfortable giving instructions. A checklist or your plan of care may help your attendant learn the routine. After you review the checklist with the attendant, it should be posted.

You may want to re-explain the types of things that you need help with. When explaining how you need something done, especially something that may be new to your attendant, go over each step clearly. To make sure that your attendant understands, have him or her repeat it back to you, and show you if he or she can perform the task.

Explain any health or safety emergencies that might happen. Make sure your medical conditions are written down and include anything that the attendant must do in an emergency. Keep a list in the same place near the telephone with the name of your doctor and telephone number, allergies, preferred hospital, disability, and the rescue/fire department telephone number.



Training does not happen in just the first day or week of employment. Review how things are to be done from time to time with your attendant to make sure that he or she is following your plan.

FLEXIBLE SERVICE DELIVERY

You may need CD services at separate times of the day (e.g., some hours in the morning and some in the evening). Your plan of care must show what activities will be done during each time period. You may have two different attendants: one for the morning and one for the evening, or you may have one attendant who works both times.

Either way, the total number of hours of services provided must be preauthorized. Requests for preauthorization of a change to your plan of care are submitted by your SF (for EDCD Waiver) or your CM (for HIV/AIDS or DD Waivers) to the prior authorization contractor, the company that handles these preauthorizations for DMAS. You are encouraged to contact your SF when unusual situations occur, or you think you need changes in hours and times of services.

JOB EVALUATIONS

In evaluations you give your attendant feedback about how he or she is doing on the job. Evaluations are important because they let attendants know what they are doing well (through praise) and how they can do better (through recommendations).



When you evaluate your attendant, you should give him or her time to react to your feedback. Give the attendant your full attention and really **listen**.

After your attendant has finished speaking to you, repeat in your own words what was said to make sure that you understand. You might begin with saying, “So what you are telling me is. . .” or “So you are saying . . .?” This gives you a chance to make sure you understood what your attendant has said.

You may use the written job description or a checklist that includes all of the job duties that you expect your attendant to perform to help you evaluate your attendant. Using the checklist gives you a chance to solve small problems before they become too big. Checklists can also protect both you and your attendant by providing a written record of the duties of the job. They are also helpful if you are ever asked for a job reference for a former attendant or if you need to explain why you fired an attendant.

The sample checklist on found in this manual may help you in designing your own checklist.

Evaluations of your attendant’s performance need to be completed at least annually.

COMMUNICATING WITH YOUR ATTENDANT

Employers want attendants to be happy and satisfied with their work. Good communication is the key. An attendant who is pleased in the work setting may stay with you longer and do a better job. Some communication tips are:



1. People like to hear praise for their work. Attendants want to feel that their work is appreciated, needed, and important. When you tell your attendant you are not pleased with something, be open and honest; make suggestions about how you need the tasks completed.

2. Don't let small things that bother you add up until an angry explosion occurs. Letting out anger in this way is hurtful. If you feel upset about something that is happening, talk about it as soon as possible.
3. Respect your attendant and treat him or her the way you would like to be treated. Be honest, fair, kind, respectful, and patient.
4. Although your attendant works for you, you should not ask your attendant to do more than he or she should. Attendants need time off for their personal lives. The hours and times on the job description should be followed. Attendants should not be asked to complete tasks that are not on the job description.
5. Ask your attendant how he or she feels about the work and about you as an employer. Set up a regular time to share concerns and ideas about the work.

DIFFICULT SITUATIONS

If you find you are having a problem with your attendant, do your best to talk about the problem together. Most of the time, talking it over and telling him or her what you expect from an attendant will help.

Sometimes small problems can pile up or “mushroom” and become large problems. Talking about the small things right away will keep them from growing into bigger problems.

When you talk to your attendant, you might find it helpful to follow these suggestions:

1. Describe the attendant's actions without calling names, blaming or insulting. Make sure the disagreement is over actions, not personalities. An example of a way to describe actions is, “You have been late for work the last four mornings.”
2. Describe the problem as one that you both have, and one that you want to solve. Don't describe it as a win or lose battle. An example of how to do this is, “When you are late, I am late for work. What can we do to solve this problem?”
3. Describe the problem as specifically and clearly as possible and give examples. For example you could say, “When you are late for work, I can't get ready for work in time to catch the bus on time.”
4. Describe your feelings and reactions to your attendant's job performance. You might say, “I feel angry when you don't show up for work on time.”

5. Describe any part of the problem that may be your responsibility. An example is, “I know I didn’t tell you that the next bus that goes by my job gets me there an hour late.”

After listening and talking together, try to agree on a plan that will solve the problem.

Sometimes it’s hard to tell people that you’re unhappy with them. If you have problems talking about what’s bothering you, ask a family member you trust or your SF for help in working things out with your attendant.

FIRING YOUR ATTENDANT

If you are having problems with your attendant, you should first try to sit down and talk about the problem. Most of the time, this will help. If talking does not fix the problem, you might have to give your attendant a warning. Let your attendant know that you are not happy with the way he or she is doing the job for you. Tell your reasons for being unhappy and give examples. Give your attendant a certain amount of time (maybe a week or so) to get things right. You may elect to fire your attendant immediately if a serious matter has taken place. It might be a good idea to write (or have someone write down for you) the problems that you are having with your attendant.

If things don’t improve, you may fire the attendant. As the employer, you have this right.

Be sure to ask the attendant to return any of your keys or other things of yours before his or her last workday.

Try to give your attendant some notice (in other words, let him or her keep working for you for a week or two more). This gives you time to find a new attendant and gives the attendant time to get another job. When an attendant is fired, you must submit a *Notice of Discontinued Employment* form (found in Appendix A) to the fiscal agent as soon as possible.

If you are firing your attendant because of **abuse**, **fraud**, or **neglect**, you have the right to fire the person right away. In this case, be sure to report the abuse, fraud, or neglect to your SF and Adult Protective Services (APS) or Child Protective Services (CPS) immediately.

- Anyone may report suspected child maltreatment to local departments of social services or the statewide **Child Abuse and Neglect Hotline** 24 hours per day, seven days a week. The hotline number within Virginia is 800-552-7096 and 804-786-8536 outside the state. You do not have to leave your name.
- Anyone may report suspected adult abuse, neglect, or exploitation to local departments of social services or the statewide **APS Hotline** 24 hours per day,

seven days a week. The hotline number is 888-832-3858 and 804-371-0896 within the Richmond area. You do not have to leave your name.

FINDING A NEW ATTENDANT

If your back-up attendant cannot help you until you hire a new attendant, you may request a list of people who are on your SF's registry. You may use this list to find a new attendant or a substitute until you find another attendant.

If hiring or keeping an attendant is difficult for you, your health and safety may be at risk. This may especially be a problem if your backup support plan cannot meet all your needs over time. In this case, you and your SF may need to talk about AD services for you.

You may decide that hiring or keeping attendants is not working out for you and you are no longer interested in CD services. You may ask your SF and your case manager to help you get other services that meet your needs.

SAFETY AND PRECAUTIONS

Your attendant and you should be safe at all times. You and your attendant must be careful when handling human body fluids, such as blood, any body fluid with blood in it, mucous, urine, feces, vomit, saliva, semen, and vaginal fluid.

If there is a chance that your attendant will touch blood or any of the other body fluids above, broken skin, or your eyes or nose, he or she should always wear disposable (plastic gloves that can be thrown away) gloves and coverings, such as aprons or eye goggles. These will help keep you and your attendant from becoming sick.



Attendants should wear gloves when they are changing bandages and bathing you if you have broken skin. Disposable gloves are not to be washed or re-used. They are to be thrown away as soon as they become soiled, torn, get a hole, or if they seem like they won't protect the attendant for any reason. A new pair of gloves should then be used.

Face masks or goggles are to be used when there is a chance your attendant might be splashed or sprayed with blood or another body fluid from the list above. For example, splashing could include a cut that is bleeding so much that some might splash on the attendant after hitting the floor, or a container of urine that is accidentally spilled or dropped on the floor.

Sometimes a plastic apron or other protective clothing should be worn by the attendant to protect his or her own clothes from getting blood or other body fluids on them.

After taking off gloves, goggles or other protective items, your attendant should wash his or her hands and any other skin areas that might have touched the body fluid with soap and water right away. If your attendant touched any body fluid and is worried, he or she should contact the local department of health or his or her primary care physician as soon as possible.

All of this information should be given to your attendant while you are training him or her. Remind him or her each day, if your attendant has trouble remembering, to follow these important health practices. If your attendant will be exposed to your blood or other body fluids with blood in them, you *may* be able to get disposable gloves, gowns, or masks through Medicaid from a durable medical equipment provider of your choice.

ACCIDENTS ON THE JOB

As the employer, you must be aware of any dangers in your home that might cause an injury. You are expected to give your attendant clear, safe directions while he or she assists you or does household tasks. “Attendant safety first” is at the top of the list of your duties as an employer.



If you aren't sure how to tell your attendant to do a certain task in the safest way (for example, help you transfer from your wheelchair to the toilet), have someone who has done this task before and knows the right way to do it work with you and your new attendant to show the best way. Some employers have made a videotape of the transfer techniques and show this to new attendants as part of their training. Remember, it is much easier and costs less to keep an accident or injury from happening than it is to take care of it after it happens. If your attendant is hurt while working for you, encourage him or her to get the medical help he or she needs.

IMPORTANT: Attendants are not covered under Workers' Compensation through this program.

SAMPLE ATTENDANT DUTIES CHECKLIST
(Note: You may use this or develop your own form.)

ATTENDANT: _____

DATE: _____

	SATISFACTORY	NEEDS IMPROVEMENT
<u>A. PREPARATION</u>		
1. Get clothes ready		
2. Prepare bath water		
3. Check bathroom temperature		
4. Make sure needed materials are available		
5. Ensure privacy		
<u>B. ROUTINE</u>		
1. Assist in clothing removal		
2. Move from bed to bath		
3. Wash and rinse hair		
4. Assist with hair care		
5. Move from bath to dressing area		
6. Dry body thoroughly		
7. Conduct skin check (check for pressure sores)		
8. Apply lotion or powder		
9. Apply deodorant/makeup or assist w/shaving		
10. Assist in dressing		
11. Move to wheelchair		
12. Assist with dental care		
13. Move to breakfast area		
14. Assist with ambulation, if appropriate		
<u>C. CLEAN-UP</u>		
1. Put away all materials		
2. Clean bathroom		
3. Clean wheelchair/other equipment as necessary		

SUMMARY OF RESPONSIBILITIES

Below is a summary of the people involved with your care and their responsibilities. Remember, if you have any questions, talk with your SF or call the fiscal agent. Information on contacting the fiscal agent is found in the next section.

SUMMARY OF RESPONSIBILITIES FOR CD SERVICES								
Task	Employer (or family/caregiver)	Fiscal Agent (PPL)	Attendant	DMAS	KePRO	VDSS	Service Facilitator	Case Manager
Determining Medicaid eligibility						✓		
Determining waiver eligibility				✓				
Determining plan of care and hours	✓						✓	✓
Management training for Consumer	✓						✓	✓
Training attendant	✓						*	*
Hiring/firing attendant	✓						*	*
Preauthorization of services				✓	✓		*	*
Submitting paper work to be CD employer	✓	✓	✓				*	*
Submitting paper work to be CD Attendant	✓	✓	✓				*	*
Submitting time sheet for CD Attendant	✓	✓	✓				*	*
Paying attendant	✓ (if patient pay required)	✓					*	*
Providing CD services			✓				*	*
Routine consumer visits (up to 8 a year)	✓						✓	✓
Semi-annual assessment of consumer	✓						✓	✓
Quality management review	✓			✓			✓	✓

* = Supportive services to consumer on these tasks

FORMS SUMMARY

Below is a list of Virginia forms that are available on the fiscal agent's website, www.publicpartnerships.com. An asterisk (*) means Adobe Acrobat Reader is needed.

Virginia Materials

Employer

- [Employment Packet-Information for Attendants*](#)
- [Employment Agreement*](#)
- [Employer Information Packet*](#)
- [Virginia Timesheet Instructions*](#)
- [Virginia Time Sheet*](#)
- [Virginia Payroll Schedule A*](#)
- [Virginia Payroll Schedule B*](#)
- [Employment Eligibility Verification USCIS FORM I-9 Instructions*](#)
- [Employment Eligibility Verification USCIS FORM I-9*](#)
- [Employment Agreement Between Employer and Personal Attendant*](#)
- [Criminal History Record Name Search Request FORM SP 167 Instructions*](#)
- [Criminal History Record Name Search Request FORM SP 167*](#)

Employee

- [Employee's Withholding Allowance Certificate IRS FORM W-4 Instructions*](#)
- [Employee's Withholding Allowance Certificate IRS FORM W-4*](#)
- [Employee's Virginia Income Tax Withholding Exemption Certificate FORM VA-4 Instructions*](#)
- [Employee's Virginia Income Tax Withholding Exemption Certificate FORM VA-4*](#)
- [PPL Employer/Employee Relationship Federal Tax Exemption Information Form Instructions*](#)
- [PPL Employer/Employee Relationship Federal Tax Exemption Information Form*](#)
- [IRS PUBLICATION 797 Possible Federal Tax Refund Due to the Earned Income Credit \(EIC\) Form Instructions*](#)
- [IRS PUBLICATION 797 Possible Federal Tax Refund Due to the Earned Income Credit \(EIC\) Form*](#)
- [Virginia DSS/CPS Central Registry Release of Information Form*](#)
- [Service Facilitator New Consumer Fiscal Agent Services Request Form](#)

Other

- [Consumer Enrollment Session Presentation *](#)
- [EFT Payment Instructions*](#)
- [EFT Payment Packet*](#)
- [DSS Registry Check Form*](#)

GOT QUESTIONS?



The fiscal agent will provide your attendant with a packet of information about the forms he or she must complete. The fiscal agent provides services on your behalf that are listed below.

- Management of your enrollment packets
- Maintenance of your preauthorization information
- Approval of attendant employment and tax-related documents
- Payroll processing
- Calculations and deposits of State and Federal income tax and Medicare, Social Security and unemployment taxes (FICA, FUTA, SUTA); this helps the employer maintain tax compliance
- Completion of criminal background checks
- Provision of quarterly report on the attendant's salary (*Family Friendly Report*)

If you have questions, please contact PPL's Customer Service toll-free at:

1-866-259-3009

The Customer Service Center is open from 8:00 a.m. to 7:00 p.m. each business day to help you and your attendants with all fiscal agent-related issues.

PPL's fax number is 1-866-709-3319.

The address for PPL is:

Consumer-Directed Payroll
P.O. Box 662
Richmond, Virginia 23218-0662

If you have access to a computer, the website for the fiscal agent is www.publicpartnerships.com. This site contains forms and training materials, including payroll schedules and timesheets. To access this information, go to the website.

In the client login box, the username is **vaclient** and the password is **pcgva67**.

The home page for the fiscal agent looks like this:

The screenshot shows the website for Public Partnerships, LLC. The header includes the company logo and name, a navigation menu with links to 'ABOUT PPL', 'FISCAL INTERMEDIARY', 'CUSTOMER SERVICE', and 'CONSUMER SATISFACTION', and three small photographs of people. The main content area features a breadcrumb trail: 'Home | Location of Current Programs | Virginia Consumer-Directed Fiscal/Employer Agent (F/EA) Services'. Below this is the title 'Virginia Consumer-Directed Fiscal/Employer Agent (F/EA) Services'. A paragraph explains that PPL provides F/EA services on behalf of the Virginia Department of Medical Assistance Services (VADMAS) to Medicaid recipients or their representatives. A 'Client Login' box on the right contains fields for 'Username:' and 'Password:', and a 'Submit' button. Below the paragraph, it says 'Eligible recipients participating in the following programs:'.

PUBLIC PARTNERSHIPS, LLC
AN AFFILIATE OF PUBLIC CONSULTING GROUP, INC.

ABOUT PPL FISCAL INTERMEDIARY CUSTOMER SERVICE CONSUMER SATISFACTION

Home | Location of Current Programs | Virginia Consumer-Directed Fiscal/Employer Agent (F/EA) Services

Virginia Consumer-Directed Fiscal/Employer Agent (F/EA) Services

Public Partnerships, LLC (PPL) is pleased to provide Fiscal/Employer Agent (F/EA) services, on behalf of the Virginia Department of Medical Assistance Services (VADMAS), to Medicaid recipients or representatives receiving consumer-directed services. Consumer-directed attendants provide personal care services and related services to

Eligible recipients participating in the following programs:

Client Login

Username:

Password:

ADDITIONAL TRAINING

For additional training information, you may go to the following web sites:

PPL: www.publicpartnerships.com

DMAS: www.dmas.virginia.gov

(for manuals, form completion, overview of CD services, and SF frequently asked questions)

APPENDIX A

FORMS THAT ARE COMPLETED BY THE EMPLOYER

IMPORTANT NOTE: EMPLOYER ENROLLMENT IS A ONE-TIME PROCESS.

Purpose: Employers or their representatives must complete the following forms before the fiscal agent can pay their attendants.

Who Completes? These forms must be reviewed, signed, and dated by the employers or their representative.

Where Are They Sent? These forms must be sent to the fiscal agent.

STEP 1: Following the initial consumer call to PPL, the Service Facilitator will complete the top portion of the *New Consumer Fiscal Agent Services Request Form* and you must complete the Employer of Record information on the bottom half of the form. This form must be faxed to the fiscal agent at 1-866-709-3319. This must be completed first. This form is on the next page.

STEP 2: The fiscal agent will send you a cover letter and a packet of forms ***that have already been completed electronically for you*** based on information that is obtained from the employer on the form in Step 1. The cover letter is five-pages and titled, “*Employer Information Packet*” (followed by attachments of the forms that you will need to complete) that is shown after the *New Consumer Fiscal Agent Services Request Form*. The “*Employer Information Packet*” can be found online at <http://www.publicpartnerships.com/virginia.asp>.

STEP 3: The following forms are part of the packet that the fiscal agent will send you. They must be completed and returned to the fiscal agent before the employer can begin receiving CD services:

- **IRS SS-4:** Application for Employer Identification Number (EIN).
- **VA FC-27:** Registration for your unemployment insurance account.
- **VA Form PAR 101:** Power of Attorney & Declaration of Representative.
- **Signatory Authorization Form:** To compare signatures on time sheets.
- **VA R-1:** Business registration application.
- **IRS Form 2678:** Employer Appointment of Agent Form.
- **IRS Form 2848:** Power of Attorney & Declaration of Representative.
- **IRS Form 8821:** Tax information authorization.

The **Notice of Discontinued Employment** form is completed when the attendant stops working for the employer.

The **Acceptance of Employment Responsibility** form is required if the employer wants to hire an attendant with a criminal record that does not include barrier crimes.



New Consumer Fiscal Agent Services Request Form

Following the initial consumer call, Services Facilitators must complete the questions below for all new requests for consumer-directed services and fax to PPL.

Consumer's Last Name	Please Print:			Consumer's First Name	Please Print:		
Consumer's Middle Initial	Please Print:			Medicaid Number			
Street Address						Social Security #	
City		State		Zip			
Telephone Number	()	Date of Birth		Start Date *			
Services Facilitator Agency	Please Print:			SF Telephone Number	Please Print:		
Agency Medicaid Provider Number	Please Print:			Date Faxed to PPL			
<p>In the spirit of consumer-direction, DMAS and PPL recommend that whenever possible the consumer be the Employer of Record (EOR). It is expected that the consumer will be aided by their Circle of Support in this endeavor. If someone other than the consumer directs their care, the consumer can choose for that person to be the EOR. The EOR cannot have a sole-proprietorship business in their name.</p>							
<p><input type="checkbox"/> The CONSUMER will be the Employer of Record – DO NOT COMPLETE information below.</p> <p><input type="checkbox"/> The CONSUMER will not be the Employer of Record and choose to designate the person below and the person below agrees to be the Employer of my attendants. – COMPLETE information below.</p>							
Employer of Record's Last Name	Please Print:			Employer of Record's First Name	Please Print:		
Employer of Record's Address	Please Print:					APT #	
City		State		Zip			
EOR Phone Number	()	EOR Social Security		EOR Email			

* Anticipated start date for consumer-directed services

**The Services Facilitator should fax this form to
PPL at (866) 709-3319**



Employer Information Packet

Public Partnerships, LLC
Fiscal Agent Services
P.O. Box 662
Richmond, VA 23218-0662

Toll Free Numbers
Phone 1-866-259-3009
TTY 1-800-360-5899
Administrative Fax 1-866-709-3319
Timesheet Fax 1-888-564-1532

Dear Consumer:

As promised, PPL is writing to follow up with you on using PPL's Fiscal Agent Services. You have received this letter and the enclosed forms because you currently use attendants to provide home-based services. Starting with the payroll period beginning on 9/28/06 Public Partnerships, LLC (PPL), will assume responsibility for paying your attendant. PPL, the Fiscal Agent (FA) supports employers (consumers) by assuming responsibility for managing tax filings on your behalf. You will need to complete these forms and return them to PPL. PPL will use these forms to issue paychecks to your attendants, withhold taxes, and file tax deposits on your behalf with the federal and state governments. Department of Medical Assistance Services (DMAS) funds are used to pay for these services.

On the following pages you will find several important forms and documents, including instructions for completing the employer packet and forms you will use for the program. PPL and DMAS are committed to providing you as much support as possible; however, we must adhere to federal and state employment and tax laws. **Therefore, all the forms listed on the next page have to be signed and returned to PPL before paychecks are issued to an employee (attendant).**

We understand that the forms are technical, so please call us if you have questions toll free at

EMPLOYER INFORMATION PACKET

Review, sign and return these forms to PPL.

FORMS TO COMPLETE AND RETURN SIGNED TO PPL

- 1.** IRS Form SS-4 - Application for Employer Identification Number
- 2.** VA Form R-1 Business Registration Application
- 3.** VA Form FC-27 Registration for Employer Unemployment Account
- 4.** IRS Form 2678 - Employer Appointment of Agent
- 5.** IRS Form 2848 - Power of Attorney & Declaration of Representative
- 6.** VA Form PAR 101 – Power of Attorney and Declaration of Representative
- 7.** IRS Form 8821 – Tax Information Authorization
- 8.** Signatory Authorization Form

What does Employer of Record (EoR) mean? Who signs the forms in the Employer Tax Form Packet?

The Employer of Record is the person who will sign tax paperwork, oversee staff and sign timesheets. You may have heard the term, “the person directing care.” In many cases, the Employer of Record will be the person who is directing care. In many other cases, the Employer of Record will be the consumer.

You have already completed an Employer of Record Designation Form to identify who will be the Employer of Record for you. Under the new DMAS Fiscal Agent Program, one important change has occurred. The person named as the Employer of Record, will sign HIS/HER name on all forms in the Employer Tax Form Packet. The Employer of Record should sign his/her name and only his/her name. You should not sign documents in the Employer Tax Form Packet using the format “Employer Name” for “Consumer Name.” If you are the employer, only sign your name in the Employer Tax Form Packet.

What is my role as an employer? What is PPL's role in the process?

PPL Fiscal Agent Services allow you to use DMAS funds to hire your own staff (attendants). You are the employer and PPL is your agent. Below is a brief summary of what is done by whom:

As an Employer, you will:

- Direct and supervise all employees;
- Recruit, hire and fire all employees (attendants);
- Establish performance evaluation criteria for each employee;
- Establish schedules and tasks to be completed by each employee;
- Keep track of the services you use with reports that PPL will send to you;
- Establish a system for submitting timesheets by designating yourself or an employee to submit timesheets on a regular basis; and
- Ensure amounts are paid

As your Agent, PPL will:

- Issue paychecks to attendants every two weeks with the receipt of signed timesheets for DMAS approved services
- Withhold appropriate State and Federal taxes for each employee
- File monthly, quarterly and annual forms and tax deposits with State and Federal agencies (See below to learn more about what taxes are withheld)
- Issue W-2 Statements to each employee in January
- Provide reports to you on a monthly basis showing services used and services remaining
- Conduct Criminal Background checks on each attendant
- Answer all questions that you and your employees have about payroll and services
- Help you and your employees with the enrollment process

Who is responsible for submitting timesheets to PPL?

As an employer, it is your responsibility to see that timesheets are submitted to PPL on a regular basis. You can assign this task to your employees if you prefer, although it is still your responsibility.

Do my employees have to complete paperwork too?

Yes. When you identify someone you want to hire, your employee must complete their own paperwork, including Federal and State tax withholding forms, an Employment Agreement (signed by you, too). Your employee must also agree to have a criminal

background check completed if it has not been done. Employees must complete a separate PPL Employment Packet for each employer/consumer who employs them, even if the employers live in the same home.

Why do I need to sign the USCIS Form I-9 for my employee?

Federal law requires all employers complete the I-9 with their employees. The USCIS Form I-9 certifies that your employee is eligible to work in the United States. Your employee will bring the I-9 to you. You must verify the employee's identity by confirming that all verifications required were presented to you. You must not sign the I-9 unless you have seen official documents which confirm their identity. You are not required to validate the authenticity of documents, but you must view them before signing.

Will I be required to pay for services out of my own pocket?

Certain consumers are responsible for paying for a portion of the services they receive. This is called a patient pay amount. It is not a change from the current process. The circled dates on the payroll schedule are the dates you should pay your attendant if you owe them a patient pay.

In addition, PPL will only pay attendants for services that DMAS has authorized if your employee works hours in excess of those authorized by DMAS, it is your responsibility to pay your employee for those hours and any applicable taxes. Neither DMAS nor PPL can pay for hours in excess of what you have been authorized.

Will I ever receive letters from the IRS and Department of Taxation?

Possibly; now that you are an employer, you may receive letters and forms from the IRS, Virginia Department of Taxation and Virginia Employment Commission. Public Partnerships does not receive all of these mailings because you are the employer of record with the taxing agencies and sometimes they send it to you. Remember, as the employer, you are responsible for ensuring accurate and timely reporting and payment of all applicable payroll taxes. Therefore, it is your responsibility as an employer to **forward this information onto Public Partnerships** so that PPL can respond to the taxing agencies accurately and timely.

What taxes are withheld for each of my employees?

All employees must pay taxes. Public Partnerships will withhold Social Security, Medicare (FICA), and State and Federal income taxes from each employee's paycheck. A summary of all employee tax withholdings will appear on their paycheck stub. PPL will prepare and mail a W-2 Wage Statement to each employee in January.

Page 4 of 5 of Employer Information Packet

Do employers pay taxes too?

Yes, DMAS will pay the employer portion of the taxes for services authorized under your consumer-directed services plan of care. Employers must match each employee's Social Security and Medicare (FICA) contribution. In addition, employers must pay federal and state unemployment insurance contributions for each employee when applicable. These tax payments are made by PPL with DMAS funds for services authorized under your consumer-directed services plan of care. As your agent, PPL will complete all this paperwork, and send you regular reports. If your employee works hours in excess of those authorized by DMAS, then you are responsible for paying any applicable taxes for those services.

Additional Information

It is important that you have some additional information to perform your role as an employer.

This information is provided at the back of the packet. Here is what you will find:

- **PPL Timesheet Instructions:** This is a "how-to" for completing the PPL timesheet.
- **PPL Timesheet:** A signed timesheet will authorize PPL to issue a paycheck for DMAS authorized services. A timesheet can be faxed or mailed, but must be legible and signed. Paychecks are issued every other week. A copy of the Timesheet is enclosed. This is the only timesheet that PPL will process. You must discontinue using the DMAS timesheet.
- **Payroll Schedules:** Depending on where you live, you will use Schedule A or Schedule B. PPL has included both schedules.
- **Notice of Discontinued Employment:** If you decide to terminate employment for an attendant, you need to fill out this form, sign it, and send it to PPL.
- **Employer Acceptance of Responsibility for Employment:** This form must be signed and sent to PPL if you decide to hire an attendant after receiving the results of a Criminal History Record Report that indicates the attendant has been convicted of a crime.

Questions?

Public Partnerships encourages you to call us toll free at 1-866-259-3009 if you have any questions regarding payroll requirements or the process in general. If necessary, PPL staff is available to help walk you through the forms over the phone. We look forward to working with you!

Sincerely,
PPL, your Fiscal Agent
Page 5 of 5 of Employer Information Packet

IRS SS-4: APPLICATION FOR EMPLOYER IDENTIFICATION NUMBER

Points to Remember:

- This two-page form tells the Internal Revenue Service (IRS) that you are going to be an employer. It is used to obtain an Employer Identification Number (EIN) from the IRS. The EIN is used to open state employer accounts and designate all tax deposit and filing responsibility to the fiscal agent.
- Check to see that all prefilled areas are complete and accurate.
- If correct, sign and date at the bottom of the page.
- If not correct, call the fiscal agent to make the correction.
- To find this form online, please go to: <http://www.irs.gov/pub/irs-pdf/fss4.pdf>.

Form SS-4 (Rev. February 2006) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	OMB No. 1545-0003 EIN
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Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested FRANCES FAKE	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name PUBLIC PARTNERSHIPS, LLC
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 6 Admiral's Way	5a Street address (if different) (Do not enter a P.O. box.) 123 MAIN STREET
	4b City, state, and ZIP code Chelsea, MA 02150	5b City, state, and ZIP code INDIANAPOLIS, IN 46207
	6 County and state where principal business is located	
	7a Name of principal officer, general partner, grantor, owner, or trustor FRANCES FAKE	7b SSN, ITIN, or EIN 123-45-6789
	8a Type of entity (check only one box) <input checked="" type="checkbox"/> Sole proprietor (SSN) 123 : 45 : 6789 <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	

<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____	
---	--

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ HOUSEHOLD EMPLOYER <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____
--	--

10 Date business started or acquired (month, day, year). See instructions. 10/01/066	11 Closing month of accounting year DECEMBER
--	--

12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ 10/01/066			
13 Highest number of employees expected in the next 12 months (enter -0- if none). Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)	Agricultural	Household	Other
		3	

14 Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) Household Employer w/ Employer Agent
---	--

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HIRE EMPLOYEES FOR IN-HOUSE CARE	
--	--

16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Note. If "Yes," please complete lines 16b and 16c.
--	---

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____	
---	--

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN		
---	--	--

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
Third Party Designee	Designee's name Agent Staff: Halina Kiesel, Vanessa Stone, Thomas Collins of Public Partnerships, LLC	Designee's telephone number (include area code) (617) 426-2026
	Address and ZIP code 6 Admiral's Way Chelsea, MA 02150	Designee's fax number (include area code) (866) 709-3319

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) (317) 555-1234
Name and title (type or print clearly) ▶ Frances Fake Household Employer		Applicant's fax number (include area code) ()

Signature ▶ _____	Date ▶ _____
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	Cat. No. 16055N	Form SS-4 (Rev. 2-2006)
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VIRGINIA FORM VEC FC-27

Points to Remember:

- This is a two-page form that reads “Commonwealth of Virginia” with the name and address of the Virginia Employment Commission (VEC). It is recognized by having the State seal of Virginia and the VEC seal.
- This form tells the VEC that you will have employees in the State of Virginia and will make unemployment insurance contributions on their behalf.
- The fiscal agent files this form with the VEC to establish you employer account and obtain an Unemployment Insurance account number on your behalf. This account number is used when the fiscal agent files and deposits Virginia unemployment taxes and tax returns.
- You need to review, sign, and date the form.
- Review all of the prefilled areas for accuracy on both pages.
- If correct, sign and date in the lower area on page 2 of the form.
- If not correct, call the fiscal agent to make corrections.



COMMONWEALTH OF VIRGINIA

VIRGINIA EMPLOYMENT COMMISSION
PO Box 1358
RICHMOND, VIRGINIA 23218-1358



1. Federal ID Number _____ E-Mail Address _____
2. Type of Organization: Sole Proprietorship ☐ Partnership ☐ Limited Partnership ☐ Corporation ☐
LLC Sole Proprietorship ☐ LLC Partnership ☐ LLC Corporation ☐ Government or Political Sub-Division ☐
Other ☒ Household Employer
3. Name of Employer ER FIRST LAST NAME
(Enter exact name of legal entity)
Trade Name ER FIRST LAST NAME Telephone Number (999) 999-9999
c/o (if applicable) Public Partnerships, LLC Fax Number (866) 709-3319
Mailing Address 6 Admiral's Way Chelsea, MA Chelsea, MA Zip Code 02150
Virginia BUSINESS Location Address ER Address, City State Zip Code ER ZIP
(If more than one Virginia location, attach list of other addresses)
4. If you are a contractor involved with buildings, and/or roads, state the type: _____
Do you have a base of operations in any state other than Virginia? Yes ☐ No ☒
5. When did you first have employees working in Virginia? 10/01/2006 (MM/DD/YYYY)
Number of employees working in Virginia 3 If your business is INACTIVE, give date employment ceased _____
Name of successor, if any _____
6. Do you work any individuals in the course of your business, or in your home, that you do not consider employees? Yes ☐ No ☒
- 7a. GENERAL EMPLOYERS: Did, or will, your business have a quarterly payroll of \$1,500 or more in Virginia during the current or preceding 3 years? Yes ☐ No ☐ If "Yes," enter the earliest quarter and year: Qtr. _____ Year _____
Also, if "Yes," enter the date that you reached \$1,500 or more: _____. Enter number of weeks during the current or preceding 3 years you had one or more workers performing services for you for some portion of a day in Virginia:
Wks. _____ Yr. _____ | Wks. _____ Yr. _____ | Wks. _____ Yr. _____ | Wks. _____ Yr. _____. Enter the date you reached the 20th week for the first time with one (1) or more workers: _____.
- 7b. AGRICULTURAL EMPLOYERS: Did, or will, your agricultural operation have a quarterly payroll of \$20,000 or more in Virginia during the current or preceding 3 years? Yes ☐ No ☐ If "Yes," enter the earliest quarter and year: Qtr. _____ Year _____
Also, if "Yes," enter the date that you reached \$20,000 or more: _____. Enter number of weeks during the current or preceding 3 calendar years you had ten or more agricultural workers performing services for you for some portion of a day in Virginia:
Wks. _____ Yr. _____ | Wks. _____ Yr. _____ | Wks. _____ Yr. _____ | Wks. _____ Yr. _____. Enter the date you reached the 20th week for the first time with ten (10) or more workers: _____.
- 7c. DOMESTIC EMPLOYERS: Did, or will, you have a quarterly domestic payroll of \$1,000 or more in Virginia during the current or preceding 3 years? Yes ☒ No ☐ If "Yes," enter the earliest quarter and year: Qtr. _____ Year _____
Also, if "Yes," enter the date that you reached \$1,000 or more: _____.

FORM VEC-FC-27(4/01)

8. NONPROFIT EMPLOYERS: Is your organization exempt from Tax under Section 501(a) and 501(c)(3) of the Internal Revenue Code?
Yes ☐ No ☐ If "Yes," attach a copy of your letter of exemption from the IRS and specify below the number of weeks during the current and preceding 3 years you had four or more workers performing services for you for some portion of a day in Virginia:

Wks. _____ Yr. _____ | Wks. _____ Yr. _____ | Wks. _____ Yr. _____ | Wks. _____ Yr. _____. Also, if "Yes," enter the date you reached the 20th week for the first time with four (4) or more workers: _____.

9. Have you acquired a business in Virginia? Yes ☐ No ☒ If "Yes," did you acquire all or part? All ☐ Part ☐
Date acquired: _____ (MM/DD/YYYY). From whom did you acquire the business (enter legal entity name and trade name)
_____.

Previous owner's VEC Account Number: _____ (See instructions on Acquisitions).

10. Are you now, or have you ever been, liable for the Federal Unemployment Tax? (This is not to be confused with Social Security or Workers' Compensation) Yes ☒ No ☐ If "Yes," what year(s): _____ 2006
11. Describe the kind of business in Virginia, giving specific details of items, customers, etc., such as retail-women's clothes; wholesale-office equipment; construction-single family homes, etc. (See instructions).
Household employer employing workers to provide respite care and perform light household duties.

12. Is the Virginia business primarily performing services for other units of the same company? Yes ☐ No ☒
If "Yes," indicate:

Administrative (ADMN headquarters, DP centers, etc.)	Research, Development or Testing	Storage (Warehouse)	Other (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

13. Name the Virginia CITY or Virginia COUNTY in which business is located (Specify location where work is actually performed).
ER City

14. List the Name, Social Security Number, Residence Address, and Zip Code of the Owner, Partners, or Corporate Officers:

NAME	SOCIAL SECURITY NUMBER	RESIDENCE ADDRESS
ER Last Name, First Name	999-99-9999	ER Address, City, State, Zip

I certify that the information contained in this report is true and correct to the best of my knowledge.

Date: _____ Employer's Signature: _____

Mail completed form to: VEC, Employer Accounts - Room 108, PO Box 1358, Richmond, VA 23218-1358 or FAX to 804-786-5890.

The VEC is an Equal Opportunity Employer/Program. Auxiliary aids and services available upon request to individuals with disabilities.

ACCOUNT STATUS CODING (FOR VEC USE ONLY)

EMP-ACCT-NO	_____	NEW-ACCT-CD	_____	TRADE-NAME-CD	_____
ADDRESS-CD	_____	HOW-LIABLE-CD	_____	CONTRBTR-CD	_____
AC-STATUS-DTE	_____	AC-STATUS-CD	_____	FIRST-EMP-DTE	_____
LIABILITY-DTE	_____	ACQ-CD	_____	COMBINED-AC-CD	_____
ACQ-DTE	_____	SUBSID-AC-NO	_____	MASTER-AC-NO	_____
WAGE-RPT-CD	_____	TYPE-BUSINESS-CD	_____	FOREIGN-CTR-CD	_____
VEC-20	_____	SUCC-ACCT-NO	_____	PRED-ACCT-NO	_____
ATTACH/EST-QTR/YR	_____	VERIFIED	_____	AUX-CD	_____
AREA-CD	_____	SIC-OWN-CD	_____		
MULTIPLANT-CD	_____				

FORM VEC-FC-27 (4/01)

VA FORM PAR 101

Points to Remember:

- The Form PAR 101 Power of Attorney is very similar to the IRS 2848 Power of Attorney, except PAR 101 is for the Virginia Department of Taxation. This form tells the Department of Taxation that you authorize the fiscal agent's certified public accountant to sign quarterly and annual employer tax reports. This is a two-page form.
- Please review, sign, and date the form.
- Check to see if all areas are filled out accurately on both pages.
- If correct, sign and date in the appropriate area of the form.
- If not correct, call the fiscal agent to make corrections.

FORM PAR 101

VIRGINIA DEPARTMENT OF TAXATION
P.O. BOX 1880
RICHMOND, VA 23218-1880

**POWER OF ATTORNEY AND
DECLARATION
OF REPRESENTATIVE****1 Taxpayer Information** - Taxpayer(s) must sign and date this form.

Taxpayer name(s) and address ER FIRST NAME ER LAST NAME STREET ADDRESS CITY, STATE ZIP CODE	Social Security Number(s) 999 99 9999 Daytime Telephone Number 999-999-9999	VA Account Number Employer ID Number
---	---	--

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) - All representative(s) must sign and date this form.

Name and address Megan Rising, Public Partnerships, LLC 148 State Street, 8th Floor Boston, MA 02109	Telephone Number 617-426-7303 Fax Number 617-426-4069 E-Mail Address
Name and address	Telephone Number Fax Number E-Mail Address
Name and address	Telephone Number Fax Number E-Mail Address

to represent the taxpayer(s) before the Virginia Department of Taxation for the following tax matters:

3 Tax Matter - Enter type of tax and year(s) or period(s) or date of death if Estate Tax.

Type of Tax	Tax Form Number	Year(s) or Period(s)
Withholding Tax	VA-5, VA-15, VA-16	2006-2010
Unemployment Tax	FC-21, FC-20	2006-2010

4 Acts authorized - The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3. The authority does not include the power to receive refund checks, the power to substitute another representative, the authority to execute a request for a tax return, or a consent to disclose tax information unless specifically added below, or the power to sign certain returns.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

This Power of Attorney and Release revokes all previous Powers of Attorney and Releases received by the Department of Taxation for the matters and years or periods covered by this form, except the following:

(Specify to whom granted, date and address including ZIP code, and attach copies of earlier power(s) and authorizations.)

Signature of taxpayer(s) - If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Household Employer		
Signature ER FIRST LAST	Title, if applicable	Date
Print Name		
Signature	Title, if applicable	Date
Print Name		

2601150 (Rev 4/03)

Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified on line 2 for the tax matter(s) specified on line 3; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Officer—a bona fide officer of the taxpayer's organization.
 - d Full-Time Employee—a full-time employee of the taxpayer.
 - e Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - f Other (explain) _____

IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation—Insert above letter (a–f)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
b	WA		

INSTRUCTIONS

LINE 1 - Taxpayer Information

Individuals. Enter your name, social security number (SSN), employer identification number (EIN), if applicable, and your street address or post office box. **Do not** use your representative's address or post office box for your own. If a joint return is, or will be, filed and you and your spouse are designating the same representative(s), also enter your spouse's name and SSN and your spouse's address if different from yours.

Corporations, partnerships, or associations. Enter the name, EIN, and business address. If this form is being prepared for corporations filing a consolidated tax return do not attach a list of subsidiaries to this form. Only the parent corporation information is required on line 1. A subsidiary must file its own PAR 101 for returns that must be filed separately from the consolidated return.

Trust. Enter the name, title, and address of the trustee, and the name and EIN of the trust.

Estate. Enter the name, title, and address of the decedent's executor/personal representative, and the name and identification number of the estate. The identification number for an estate includes both the EIN and the decedent's SSN.

LINE 2 - Representative

Enter your representative's full name. Only individuals may be named as representatives. Use the identical full name on all submissions and correspondence. If you want to name more than three representatives, indicate so on this line and attach a list of additional representatives to the form.

LINE 3 - Tax Matters

Enter the type of tax (Individual, Corporate, Withholding, etc.), the tax form number (760, 500, VA-15, etc.), and the year(s) or period(s) in order for the power of attorney to be valid. Representation can only be granted for the years or periods listed on line 3. If the type of tax, tax form number, or years or periods does not apply to the matter, specifically describe the matter to which the power of attorney pertains and enter "Not Applicable" in the appropriate column(s).

LINE 4 - Acts Authorized

Use this line to modify the acts your representative(s) can perform. In the space provided, describe any additions or deletions.

Signature of Taxpayers

Individuals. You must sign and date the power of attorney. If a joint return has been filed and both husband and wife will be represented by the same individual(s), both must sign the power of attorney. However, if a joint return has been filed and the husband and wife will be represented by different individuals, each spouse must execute his or her own power of attorney.

Corporations or associations. An officer having authority to bind the taxpayer must sign.

Partnerships. All partners must sign unless one partner is authorized to act in the name of the partnership. A partner is authorized to act in the name of the partnership if the partner has authority to bind the partnership. A copy of such authorization must be attached.

Declaration of Representative

The representative(s) you name must sign and date this declaration and enter the designation (i.e., items a–f).

SIGNATORY AUTHORIZATION FORM

Points to Remember:

- This one-page form is used if the employer wants to authorize other individuals to sign documents such as timesheets.
- This form tells the fiscal agent that the individuals whose names and signatures are on the form are authorized to sign on the employer of record's behalf.
- Check to see if all areas are filled out.
- Complete with the names of persons you will authorize to sign, on your behalf, documents that require your signature.
- The consumer signs and dates the bottom line.
- If not correct, call the fiscal agent to make corrections.

DMAS FISCAL AGENT PROGRAM SIGNATORY AUTHORITY FORM

Consumer Name: _____

The Personal Attendant/Companion Services Program, managed by the Department of Medical Assistance Services (DMAS), is consumer-directed. As a result, eligible individuals must provide their original signature on all forms including, but not limited to, Personal Attendant/Companion Service Agreements and timesheets.

I have read and understand the information outlined above as it relates to my receipt of Personal Attendant/Companion Services through DMAS. I understand that I must give permission for anyone other than myself to sign any forms related to my services received.

I authorize _____ or _____
to sign, on my behalf, the Personal Attendant/Companion Service Agreement, Individual Notification form, timesheets, or other documents that require my signature.

Signatures below will be used to verify signatures on timesheets.

1. Individual Signature or Mark: _____

Print Name: _____

2. Authorized Signatory: _____

Print Name: _____

3. Backup Authorized Signatory: _____

Print Name: _____

**If you do not wish to give anyone other than yourself signatory authority,
please sign and date the line below:**

I do not authorize/designate anyone other than myself to sign for me:

Consumer Signature: _____ Date: _____

FORM R-1: BUSINESS REGISTRATION APPLICATION

Points to Remember:

- This is a four-page form.
- It is like the SS-4, except it is for Virginia. It tells the Virginia Department of Taxation that you will have employees in the State of Virginia. The fiscal agent files this form with the Department of Taxation to establish your employer account and to obtain account numbers on your behalf.
- These account numbers are used when the fiscal agent files and deposits Virginia employer taxes and tax returns on your behalf.
- Remember that this is a four-paged form. Check to see if all prefilled areas are filled out on all four pages.
- Review all of the prefilled areas for accuracy on all four pages.
- If correct, sign and date in the lower area on page 4 of the form.
- If not correct, call the fiscal agent to make corrections.

Form R-1

Virginia Department of Taxation Business Registration Application

For Office Use Only	
Operator	Date Processed



You can register a new business online using iReg at www.tax.virginia.gov

- Please read instructions carefully before completing this form.
- For assistance call 804-367-8057.
- Completed form can either be mailed or faxed to: **Registration Unit Virginia Department of Taxation**
P. O. Box 1114
Richmond, VA 23218-1114
FAX Number (804) 367-2603

Reason For Submitting this Form	
Check One	
<input checked="" type="checkbox"/> New Business - Never Registered Complete Sections I through V.	<input type="checkbox"/> Add Tax Types to Existing Registration Complete Sections I, II and V; also update Sections III and IV, if changed.
<input type="checkbox"/> Add Additional Locations to Existing Registration Complete Sections I, II and V; also update Sections III and IV, if changed.	
Section I - Business Information	
1 Entity Type - Check One	
<input type="checkbox"/> <u>C</u> Corporation <input type="checkbox"/> <u>S</u> Corporation <input type="checkbox"/> <u>G</u> eneral Partnership <input type="checkbox"/> <u>L</u> imited Partnership <input type="checkbox"/> Limited Liability <u>P</u> artnership (LLP)	<input type="checkbox"/> <u>L</u> imited Liability Co. (LLC) <input type="checkbox"/> Sole <u>P</u> roprietor <input type="checkbox"/> Non-Profit <u>O</u> rganization <input type="checkbox"/> Non-Profit <u>C</u> orporation <input type="checkbox"/> <u>E</u> state/Trust
<input type="checkbox"/> <u>V</u> irginia State Government <input type="checkbox"/> <u>F</u> ederal Government <input type="checkbox"/> Local Government <input type="checkbox"/> <u>O</u> ther State Gov't (not VA) <input type="checkbox"/> <u>O</u> ther Government <input type="checkbox"/> Public Service	
<input type="checkbox"/> <u>B</u> ank <input type="checkbox"/> <u>S</u> avings and Loan <input type="checkbox"/> <u>C</u> redit <u>U</u> nion <input type="checkbox"/> <u>C</u> ooper <u>a</u> tive <input checked="" type="checkbox"/> Other <u>B</u> usiness <input type="checkbox"/> Household Employer	
2 Business Name - Enter full legal name of business. Sole proprietors, enter owner's name (first, middle initial, last).	
3 Taxpayer Identification Number	
a) FEIN - Enter your Federal Employer Identification Number (FEIN). All businesses must have a FEIN, except for Sole Proprietors not registering for employer withholding tax.	b) SSN - If you are a Sole Proprietor and are not registering for employer withholding tax, enter your Social Security Number (SSN).
<input type="checkbox"/> Check here if you have applied for a FEIN, but have not yet received the number from the IRS.	
4 Principal Business Activity - Enter the code and description of your business (see instructions).	
Code 814110	Description Private households with employees
5 Primary Mailing Address	
Street Address or PO Box c/o Public Partnerships, LLC 6 Admiral's Way	City, State and ZIP Chelsea, MA 02150
6 Business Formation - If a corporation, enter the state and the date of its incorporation. All others, enter the state and date of formation.	
Incorporation or Formation State	Year of Incorporation or Formation (yyyy)
7 Contact Information - Enter business contact information for all your business entities.	
Contact Person Halina Kiesel	Contact Phone Number (Including Area Code) (617) 426-2026
Email Address hkiesel@pcgus.com	FAX Number (Including Area Code) (866) 709-3319

Business Name		Taxpayer Identification Number	
Section II - Tax Types			
A Sales and Use Tax - Use this area to register for Sales and Use Taxes. See Instructions.			
<input type="checkbox"/> Check this box if you do not need tax forms mailed to you. (You can file and pay your taxes online. See instructions.)			
1 Filing Options - For businesses with multiple locations, indicate below how you want to submit your return(s). <input type="checkbox"/> a. File one combined return for all business locations in the same locality. <input type="checkbox"/> b. File one consolidated return for all business locations. (See Instructions.) <input type="checkbox"/> c. File a separate return for each business location.			
2 Business Locations - Complete for each location. Photocopy this page if you have more than 2 locations.			
a) Add This Location to This Virginia Account Number			
b) Trade Name of Business			c) Business Locality Code
d) Business Physical Street Address - If different from one shown on page 1. (No PO Boxes.)		City, State and ZIP	
e) Contact Name - If different from one shown on page 1.		Contact Phone Number (Including Area Code)	Contact Email
f) Mailing Address - If different from above.		City, State and ZIP	
g) Principal Business Activity Code	Description of Principal Business Activity at This Location		h) Date Location Opened
i) Indicate Tax Type(s) and Beginning Tax Liability Date For This Location You may be required to register for Litter Tax in Section F. See instructions.			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Retail Sales Tax (In-State Dealers) Date _____ <input type="checkbox"/> Use Tax (Out-of-State Dealers) Date _____ <input type="checkbox"/> Consumer Use Tax Date _____ <input type="checkbox"/> Aircraft Tax Date _____ </div> <div> <input type="checkbox"/> Motor Fuels Tax Date _____ <input type="checkbox"/> Watercraft Tax Date _____ <input type="checkbox"/> Tire Recycling Fee Date _____ No. Aircraft Owned Previous Year: _____ </div> </div>			
Virginia Commercial Fleet Aircraft License Number: _____			
j) Seasonal Business - Check months business is active. (Complete if you are only open part of the year.)		JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC	
k) <input type="checkbox"/> Specialty Dealer - Check this box if you sell at flea markets, craft shows, etc. at various locations in Virginia.			
3 Additional Business Location - Complete for additional location.			
a) Add This Location to This Virginia Account Number			
b) Trade Name of Business			c) Business Locality Code
d) Business Physical Street Address - If different from one shown on page 1. (No P.O. Boxes.)		City, State and ZIP	
e) Contact Name - If different from one shown on page 1.		Contact Phone Number (Including Area Code)	Contact Email
f) Mailing Address - If different from above.		City, State and ZIP	
g) Principal Business Activity Code	Description of Principal Business Activity at This Location		h) Date Location Opened
i) Indicate Tax Type(s) and Beginning Tax Liability Date For This Location You may be required to register for Litter Tax in Section F. See instructions.			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Retail Sales Tax (In-State Dealers) Date _____ <input type="checkbox"/> Use Tax (Out-of-State Dealers) Date _____ <input type="checkbox"/> Consumer Use Tax Date _____ <input type="checkbox"/> Aircraft Tax Date _____ </div> <div> <input type="checkbox"/> Motor Fuels Tax Date _____ <input type="checkbox"/> Watercraft Tax Date _____ <input type="checkbox"/> Tire Recycling Fee Date _____ No. Aircraft Owned Previous Year: _____ </div> </div>			
Virginia Commercial Fleet Aircraft License Number: _____			
j) Seasonal Business - Check months business is active. (Complete if you are only open part of the year.)		JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC	
k) <input type="checkbox"/> Specialty Dealer - Check this box if you sell at flea markets, craft shows, etc. at various locations in Virginia.			

Business Name										Taxpayer Identification Number															
B Vending Machine Sales Tax																									
For Existing Accounts, Enter Virginia Account Number										Date You Became Liable for Vending Machine Tax															
1 City or County and Locality Code - Enter each locality you will operate vending machines (see instructions).																									
	Locality 1			Locality 2			Locality 3			Locality 4			Locality 5			Locality 6									
City or County																									
Locality Code																									
C Withholding Tax																									
For Existing Accounts, Enter Virginia Account Number										Date You Became Liable for Withholding Tax															
<input checked="" type="checkbox"/> Check this box if you do not need tax forms mailed to you. (You can file and pay your taxes online. See instructions.)																									
1 Filing Frequency - Will be determined by the Dept. of Taxation and reviewed periodically. Indicate below the amount of Virginia Income Tax you expect to withhold each quarter.																									
<input checked="" type="checkbox"/> Less Than \$300 Per Quarter										<input type="checkbox"/> \$3,000 or Greater Per Quarter															
<input type="checkbox"/> Between \$300 and \$3,000 Per Quarter										<input type="checkbox"/> Pension Plan Only															
2 Seasonal Business - Check months business is active. (Complete if you are only open part of the year.)																									
		JAN		FEB		MAR		APR		MAY		JUN		JUL		AUG		SEP		OCT		NOV		DEC	
3 Mailing Address - If different from one shown on page 1.																									
Street Address or PO Box										City, State, ZIP															
4 Contact Information - If different from one shown on page 1.																									
Name										Contact Phone Number (Including Area Code)					Email Address										
D Corporation Income Tax																									
For Existing Accounts, Enter Virginia Account Number										Date You Became Liable for Corporation Tax															
1 Tax Year - Must be same as your Federal taxable year. Check one.																									
<input type="checkbox"/> Calendar Year Filer (1/1 - 12/31)										OR					<input type="checkbox"/> Fiscal Year Filer (Enter fiscal beginning and ending months.)										
										Beginning _____					Ending _____										
2 Contact Information																									
Name										Contact Phone Number (Including Area Code)					Email Address										
3 Mailing Address - If different from one shown on page 1.																									
Street Address or PO Box										City, State, ZIP															
4 Subsidiary or Affiliate - Complete the following if this business is a subsidiary or affiliated with another business.																									
Parent Company's Business Name										Parent Company's FEIN															
Parent Company's Street Address or PO Box										City, State and ZIP															
E Pass-Through Entity Return of Information																									
For Existing Accounts, Enter Virginia Account Number										Date of Formation															
1 Tax Year - Must be same as your Federal taxable year. Check one.																									
<input type="checkbox"/> Calendar Year Filer (1/1 - 12/31)										OR					<input type="checkbox"/> Fiscal Year Filer (Enter fiscal beginning and ending months.)										
										Beginning _____					Ending _____										
2 Contact Information																									
Name										Contact Phone Number (Including Area Code)					Email Address										
3 Mailing Address - If different from one shown on page 1.																									
Street Address or PO Box										City, State, ZIP															

Business Name		Taxpayer Identification Number	
F Miscellaneous Taxes			
Tax Type - See instructions. Indicate tax type and the date you became liable.			
<input type="checkbox"/> Apple Excise Tax Date _____	<input type="checkbox"/> Forest Products Tax Date _____	<input type="checkbox"/> Small Grains Assessment Date _____	
<input type="checkbox"/> Corn Assessment Date _____	<input type="checkbox"/> Litter Tax Date _____	<input type="checkbox"/> Soft Drink Excise Tax Date _____	
<input type="checkbox"/> Cotton Assessment Date _____	<input type="checkbox"/> Peanut Excise Tax Date _____	<input type="checkbox"/> Soybean Assessment Date _____	
<input type="checkbox"/> Egg Excise Tax Date _____	<input type="checkbox"/> Sheep Assessment Date _____	<input type="checkbox"/> Other _____ Date _____	
G Communications Taxes			
Date You Became Liable for Communications Taxes (Enter the date you first became liable for these taxes.)			
1 Communication Tax Type - See instructions. Indicate below the service/fee/tax type and the date that this service/fee/tax began (ADD) or Terminated (TERM).			
ADD TERM		ADD TERM	
<input type="checkbox"/> <input type="checkbox"/> Landline Telephone Service Date _____	<input type="checkbox"/> <input type="checkbox"/> Satellite Radio Service Date _____		
<input type="checkbox"/> <input type="checkbox"/> Wireless Telephone Service Date _____	<input type="checkbox"/> <input type="checkbox"/> Other Communications Services Date _____		
<input type="checkbox"/> <input type="checkbox"/> Cable Television Service Date _____	<input type="checkbox"/> <input type="checkbox"/> Landline E-911 Tax Date _____		
<input type="checkbox"/> <input type="checkbox"/> Satellite Television Service Date _____	<input type="checkbox"/> <input type="checkbox"/> Cable Public Rights-of-Way Use Fee Date _____		
2 Were cable franchise agreements in force as of 1/1/07? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach Form CT-1. See instructions.)			
3 Contact Name		Contact Phone Number (Including Area Code)	Email Address
Section III - Responsible Party(ies)			
Complete this information for each responsible party who is an owner, partner, member, corporation officer, employee or trustee who has control or is responsible for tax payments. Section 58.1-1813 of the Code of Virginia provides that a corporate, partnership or limited liability officer (see instructions for definitions) may be held personally liable for any of the taxes registered on this form if that person willfully fails to pay, collect or truthfully account for the tax, or willfully attempts in any way to evade, defeat or not pay the tax. Attach additional pages, if needed. See instructions. Notification of changes must be in writing and include changes in names, addresses and telephone numbers.			
Notify the Department of Taxation when there is a change of responsible parties.			
1	a) Name of Responsible Party		b) SSN
	c) Relationship Title Household Employer	d) Relationship Date	e) Home Phone Number (Including Area Code) f) Email Address
	g) Residence Address		h) City, State, ZIP _____, VA
2	a) Name of Responsible Party		b) SSN
	c) Relationship Title	d) Relationship Date	e) Home Phone Number (Including Area Code) f) Email Address
	g) Residence Address		h) City, State, ZIP
3	a) Name of Responsible Party		b) SSN
	c) Relationship Title	d) Relationship Date	e) Home Phone Number (Including Area Code) f) Email Address
	g) Residence Address		h) City, State, ZIP
Section IV - Electronic Funds Transfer (EFT)			
Businesses with an average monthly Virginia employer withholding, sales and use, or corporation income tax liability exceeding \$20,000 are required by law to pay that tax by Electronic Funds Transfer (EFT). This threshold applies to each tax separately. Check the box for each tax that EFT is required.			
<input type="checkbox"/> Sales & Use Tax (In-State Dealers) <input type="checkbox"/> Use Tax (Out-Of-State Dealers) <input type="checkbox"/> Corporation Income Tax <input type="checkbox"/> Employer Withholding Tax			
<input type="checkbox"/> Check here if you would like to receive an EFT guide, even though you are not required to pay by EFT.			
Section V - Signature			
Important - Read Before Signing This registration form must be signed by an officer of the corporation, limited liability company or unincorporated association, who is authorized to sign on behalf of the organization. The proprietor must sign for a sole proprietorship.			
Under penalty of law, I believe the information on the application to be true and correct.			
Signature		Title Household Employer	
Name Printed	Date	Daytime Phone Number (Including Area Code)	

IRS FORM 2678: EMPLOYER APPOINTMENT OF AGENT

Points to Remember:

- This is a one-page form.
- This form tells the IRS that you are giving the fiscal agent permission to complete tax processes on your behalf for this program.
- When this form is submitted to the fiscal agent, you are giving them permission to act as your agent, but also to have the responsibility to handle all of your employer tax responsibility and liability through this program.
- Check to see if all prefilled areas are filled out.
- Review all of the prefilled areas for accuracy.
- If correct, sign and date in the “Signature of Employer or Payer” and “Date” boxes on the form.
- If not correct, call the fiscal agent to make corrections.
- To find this form online, please go to: <http://www.irs.gov/pub/irs-pdf/f2678.pdf>.

Form 2678 (Rev. June 2002)	Department of Treasury- Internal Revenue Service Employer Appointment of Agent Under Section 3504 of the Internal Revenue Code	OMB Number 1545-0748
1. To <div style="text-align: center;"> Director, Submission Processing <u>Cincinnati</u> Processing Center </div>		Instructions Employer or Payer: Please complete this form and give it to the Agent. Agent: Please attach a letter requesting authority to do either all that is required of the employer for wages you pay on the employer's behalf or all that is required of the payer for requirements of backup withholding. (See <i>applicable Revenue Procedures 70-6 or 84-33.</i>) Forward both the letter of request and Form 2678 to the Internal Revenue Service Center Director, Submission Processing where you file your Form 941 returns.
2. Employer's or Payer's Name FRANCES FAKE		3. Employer's or Payer's Address (Number and street, city, town or post office, State and ZIP Code) 123 MAIN STREET INDIANAPOLIS, IN 64207
4. Employer's Identification Number		
5. Agent's Name PUBLIC PARTNERSHIPS, LLC		6. Agent's Address 148 STATE STREET, 10TH FLOOR BOSTON, MA 02109
7. Agent's Employer Identification Number 20-2040173		
8. Effective For (Check the box or boxes that apply) <input checked="" type="checkbox"/> Employment Taxes (Rev. Proc. 70-6) <input checked="" type="checkbox"/> Backup Withholding (Rev. Proc. 84-33)		9. If Filing under Rev. Proc. 70-6, does this apply to all employees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Under Section 3504 of the Internal Revenue Code, please authorize this agent to do all that is required under (Check the one(s) that apply) <input checked="" type="checkbox"/> Chapter 21 (FICA) <input type="checkbox"/> Chapter 22 (Railroad Retirement) <input checked="" type="checkbox"/> Chapter 24- <input checked="" type="checkbox"/> Withholding and/or <input checked="" type="checkbox"/> Backup Withholding <input type="checkbox"/> Chapter 25 (General Provisions) of Subtitle C NOTE: Appointment of an Agent under Section 3504 does NOT apply to Form 940, Employer's Annual Federal Unemployment Return (Chap. 26 of the Internal Revenue Code). The agent named above has been appointed either to pay wages for employers and/or report and deposit backup withholding amounts for payers. This appointment is effective on the date shown in item 10. It is understood that the Agent and the employer or payer are subject to all provisions of law and regulations (including penalties) which apply to employers or payers.		10. Effective Date of Appointment by Employer or Payer 10/1/2006
		Signature of Employer or Payer <div style="background-color: yellow; height: 20px; width: 100%;"></div>
		Date <div style="background-color: yellow; height: 20px; width: 100%;"></div>
		Title of signing official (Indicate whether the person signing is an owner, partner, member of firm, fiduciary, or a corporate officer) <div style="text-align: center; font-size: 1.2em;">Household Employer</div>
		For Internal Revenue Service Use Only
		Effective Date Granted by IRS

Catalog Number 18770D

Form **2678** (Rev. 6-2002)

IRS FORM 2848: POWER OF ATTORNEY

Points to Remember:

- This is a two-page form. You are asked to review, sign, and date the form on the bottom of the second page.
- This form establishes the fiscal agent as the mailing address on your employer account. By filing this form, the fiscal agent ensures that all IRS mail attached to your EIN comes to the fiscal agent.
- This form does NOT allow the fiscal agent to obtain or sign for any personal income tax information. The fiscal agent will only be able to sign the forms listed on the document.
- Check to see if all prefilled areas are filled out on both pages.
- Review all of the prefilled areas for accuracy on both pages.
- If correct, sign and date in box 9 on page 2 of the form.
- If not correct, call the fiscal agent to make corrections.
- To find this form online, please go to: <http://www.irs.gov/pub/irs-pdf/f2848.pdf>.

Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date ____/____/____

Part I Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address

FRANCES FAKE
123 MAIN STREET
INDIANAPOLIS, IN 46207

Social security number(s)

123 : 45 : 6789

Daytime telephone number

(**317**) **555-1234**

Employer identification number

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

MEGAN RISING
6 Admiral's Way
Chelsea, MA 02150

CAF No. **03-0123889R**

Telephone No. **617-426-2026**

Fax No. **617-426-4069**

Check if new: Address ☒ Telephone No. ☐ Fax No. ☐

Name and address

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Payroll Taxes	SS-4, 940, 940EZ, 941, 941(e), 843,	Quarters 1,2,3,4 in 2006-2010
	W-2, W-2(c), W-3, W-3(c)	

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific uses not recorded on CAF.** ☐ ▶

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ _____

For Privacy Act and Paperwork Reduction Notice, see page 4 of the instructions.

Cat. No. 11980J

Form **2848** (Rev. 3-2004)

- 7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.
- a** If you also want the second representative listed to receive a copy of notices and communications, check this box ☐
- b** If you do not want any notices or communications sent to your representative(s), check this box ☐
- 8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here. ☐
- YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**
- 9 Signature of taxpayer(s).** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
- ▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

		Household Employer
Signature	Date	Title (if applicable)
FRANCES FAKE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Print Name	PIN Number	Print name of taxpayer from line 1 if other than individual
Signature	Date	Title (if applicable)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Print Name	PIN Number	

Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d** Officer—a bona fide officer of the taxpayer's organization.
 - e** Full-Time Employee—a full-time employee of the taxpayer.
 - f** Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230).
 - h** Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 2 of the instructions.

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions.

Designation—Insert above letter (a–h)	Jurisdiction (state) or identification	Signature	Date
B	WA		

IRS FORM 8821: TAX INFORMATION AUTHORIZATION

Points to Remember:

- This is a two-page form. You are asked to review, sign, and date the form on the bottom of the first page.
- This form allows the fiscal agent to discuss your employer withholding account with the IRS.
- This is different than the Power of Attorney form because it does not allow the fiscal agent to sign the forms, only call or write the IRS on your behalf.
- Only the people listed on the second page of this form, the fiscal agent representatives, will be able to discuss your employer tax account. This form does not authorize anyone else to do that.
- Check to see if all areas are filled out accurately on both pages.
- If correct, sign and date in the lower area on page one of the form.
- If not correct, call the fiscal agent to make corrections.
- To find this form online, please go to: <http://www.irs.gov/pub/irs-pdf/f8821.pdf>.

Tax Information Authorization

► Do not use this form to request a copy or transcript of your tax return.
Instead, use Form 4506 or Form 4506-T.

OMB No. 1545-1165
For IRS Use Only
Received by:
Name _____
Telephone (____) _____
Function _____
Date ____/____/____

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print) FRANCES FAKE 123 MAIN STREET INDIANAPOLIS, IN 46207	Social security number(s) 123 : 45 : 6789	Employer identification number :
	Daytime telephone number (317) 555-1234	Plan number (if applicable) :

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address See Attached document.	CAF No. _____ Telephone No. _____ Fax No. 866-709-3319 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
---	---

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
Employment Tax Withholding	SS-4, 940, 940EZ, 941, 941(e), 843, W-2, W-2(e), W-3, W-3(e)	Quarters 1,2,3,4 in 2006-2009	TAX LIABILITY

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 3. If you check this box, skip lines 5 and 6 .► ☐

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box► ☒

b If you do not want any copies of notices or communications sent to your appointee, check this box► ☐

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box► ☐
To revoke this tax information authorization, see the instructions on page 3.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

► **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

Signature _____	Date _____
Frances Fake	Household Employer
Print Name	Title (if applicable)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	

Signature _____	Date _____
Print Name	Title (if applicable)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	

Tax Information AuthorizationAttached List of
Appointees**Appointees**

Name and address (please type or print)

Vanessa Stone
c/o Public Partnerships, LLC
148 State Street, 10th Floor
Boston, MA 02109

CAF No.

Telephone No. **617-426-2026**Fax No. **866-709-3319**

Check if new: Address

Telephone No.

Appointees

Name and address (please type or print)

Halina Kisiel
c/o Public Partnerships, LLC
148 State Street, 10th Floor
Boston, MA 02109

CAF No.

Telephone No. **617-426-2026**Fax No. **866-709-3319**

Check if new: Address

Telephone No.

Appointees

Name and address (please type or print)

Thomas Collins
c/o Public Partnerships, LLC
148 State Street, 10th Floor
Boston, MA 02109

CAF No.

Telephone No. **617-426-2026**Fax No. **866-709-3319**

Check if new: Address

Telephone No.

NOTICE OF DISCONTINUED EMPLOYMENT

Points to Remember:

When to Use: Use this form to notify the fiscal agent when an employee stops working for you.

The fiscal agent needs to know when an employee/attendant stops working for you so that we ensure that payments are no longer made to that person on your behalf. In addition, the fiscal agent needs to know the reason the person is no longer working for you so that we may tell tax authorities the correct reason, on your behalf.

VIRGINIA DMAS FISCAL AGENT SERVICES NOTICE OF DISCONTINUED EMPLOYMENT

The purpose of this form is to provide notice of the end of an employment agreement between the Consumer/Employer and the Employee/Attendant. The form provides an opportunity for either or both parties to document the reasons(s) for the termination of employment.

This form can be completed individually by the Employer or the Employee, or by both parties (the Employer and the Employee).

EMPLOYER

Name:
Address:
Phone:

EMPLOYEE/ATTENDANT

Name:
Address:
Phone:

DATE EMPLOYMENT ENDED:

Briefly state below the reasons for ending the employment agreement between the two parties:

Employer Signature: _____ Date _____

Employee Signature: _____ Date _____

This form must be signed and mailed to PPL. A copy will be kept by PPL. If the Employee/Attendant cannot or will not sign, the Consumer should sign, date, and return this form without the Employee/Attendant's signature.

ACCEPTANCE OF EMPLOYMENT RESPONSIBILITY

Points to Remember:

- The employer must complete this one-page form when considering employment of someone with a criminal history.
- Potential employees with certain offenses and/or convictions may not be hired.
- This form does include a list of barrier crimes (i.e., crimes in which the conviction of them would prohibit an individual from working as an attendant). If potential employees have been convicted of one of these crimes, they may not be hired under any circumstances.

VIRGINIA DMAS FISCAL AGENT SERVICES INDIVIDUAL/EMPLOYER ACCEPTANCE OF RESPONSIBILITY FOR EMPLOYMENT

Consumer Name: _____

This form must be signed and sent to PPL if you decide to hire an attendant after receiving the results of a Criminal History Record Request that indicates that the attendant has been convicted of a crime.

As an employer, I have the right to choose to hire and employ an employee who I know has been convicted of a crime. If the employee has been convicted of certain crimes, I cannot hire him or her per Section 32.1-162.9:1 of the Code of Virginia and 12 VAC 30-120-770. If the employee has been convicted of any of the below crimes, I cannot hire him or her:

1. Murder;
2. Abduction for immoral purposes as set out in § 18.2-48, Code of Virginia;
3. Assaults and bodily woundings as set out in Article 4 (§ 18.2-51 et seq.) of Chapter 4 of Title § 18.2;
4. Robbery as set out in § 18.2-58;
5. Sexual assault as set out in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2
6. Arson as set out in Article I (§ 18.2-77 et seq.) of Chapter 5 of Title 18.2;
7. Pandering as set out in § 18.2-355;
8. Crimes against nature involving children as set out in § 18.2-361;
9. Taking indecent liberties with children as set out in § 18.2-370 or § 18.2-370.1;
10. Abuse and neglect of children as set out in § 18.2-371.1;
11. Failure to secure medical attention for an injured child as set out in § 18.2-314;
12. Obscenity offenses as set out in § 18.2-374.1; or
13. Abuse or neglect of an incapacitated adult as set out in § 18.2-369.

By choosing to hire an employee who has been convicted of a crime that is not listed above, I understand that this decision and the consequences thereof are my sole responsibility. In making any and all hiring decisions as an employer, I agree to hold harmless from any claims and responsibility The Department of Medical Assistance Services, the Service Facilitator that I have chosen and Public Partnerships, LLC.

Employer Signature _____ Date _____

Congratulations!

You have now completed your Employer Packet.

There are a few more things to do.

Turn in completed Employer Tax Packet to the fiscal agent. The fiscal agent staff will review the packet for completeness.

Make sure your attendants complete their paperwork.

Questions? Call the fiscal agent toll-free at 1-866-259-3009.



APPENDIX B

FORMS TO BE COMPLETED BY OR FOR THE ATTENDANT

Purpose: Attendants must complete the following forms before they can receive a paycheck.

Who Completes? These forms must be completed by the attendant.

Where Are They Sent? These forms must be sent to the fiscal agent before the attendant can receive pay checks.

*These five forms must be completed by **ALL** attendants:*

- **USCIS Form I-9:** Used to confirm immigration and US citizenship information.
- **IRS Form W-4:** Used to collect attendant marital status, allowances and exemptions for federal income tax withholding.
- **VA Form VA-4:** Used to collect attendant marital status, allowances and exemptions for state income tax withholding.
- **Employment Agreement between Employer and Attendant:** This agreement outlines the policies, qualifications, rate of pay and duties of the employee.
- **Federal Tax Exemption Information Form:** Collects information to determine if certain tax exemptions apply to attendants.

*These two forms must be completed for **NEW** attendants only:*

- **Criminal History Name Search Request:** Attendants must complete 2 forms enclosed in employee packets and submit to PPL.
- **Virginia DSS/CPS Central Registry Release:** Employees who deliver services to consumers under 18 years old must complete this.

This form is optional. It is completed if the attendant wishes to set up direct deposit for his or her pay check.

- **Electronic Funds Transfer Application:** Used to set-up direct deposit of bi-weekly pay check for attendant. Even current attendants must submit this form and a cancelled check to PPL to have their paycheck directly deposited into their bank account.

<p style="text-align: center;">USCIS FORM I-9 EMPLOYMENT ELIGIBILITY VERIFICATION</p>

Purpose: Department of Homeland Security – Employment Eligibility Verification. This form is used to confirm your attendant’s immigration and U.S. citizenship information. As the employer, you are responsible to verify that your employees are eligible to work in the U.S.

Points to Remember:

- Your attendant will bring you a USCIS Form I-9 from their fiscal agent employment packet.
- Your attendant will present documents for your review. The I-9 lists acceptable documents, such as a Social Security card and a driver’s license.
- You must verify to the best of your knowledge that these documents are real. If you believe that they are, you will sign the I-9 in Section 2 called “Certification.”
- Form can be found at: <http://www.publicpartnerships.com/virginia.asp> at “*Employment Eligibility Verification USCIS Form I-9.*”

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

Form I-9 (Rev. 05/31/05)Y

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following):	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)		B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

Form I-9 (Rev. 05/31/05)Y Page 2

LISTS OF ACCEPTABLE DOCUMENTS

LIST A		LIST B		LIST C
Documents that Establish Both Identity and Employment Eligibility	OR	Documents that Establish Identity	AND	Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)
2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)
3. Certificate of Naturalization (<i>Form N-550 or N-570</i>)		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization		4. Voter's registration card		4. Native American tribal document
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>)		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (<i>Form I-197</i>)
6. Unexpired Temporary Resident Card (<i>Form I-688</i>)		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>)
7. Unexpired Employment Authorization Card (<i>Form I-688A</i>)		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)
8. Unexpired Reentry Permit (<i>Form I-327</i>)		8. Native American tribal document		
9. Unexpired Refugee Travel Document (<i>Form I-571</i>)		9. Driver's license issued by a Canadian government authority		
10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>)		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

IRS FORM W-4

- This form is completed by the employee, except where noted.
- This form is used to withhold the correct federal income tax from an employee's pay.
- Some employees are exempt from withholding.
- Enter a number 1 for all statements the pertaining to the employee's situation.
- Print your first name and middle initial, last name, home street address, and city, state, and zip in the spaces provided in this section.
- Print your social security number.
- Check your marital status.
- Enter the total number from line H in the first section.
- Enter the dollar amount you would like withheld, in addition to your regular withholdings, from your paycheck.
- If you are exempt from withholding, print the word EXEMPT.
- The employee should sign the form.
- The employer must sign his or her name.
- The employer should print his or her EIN number (if known).
- Form can be found at: <http://www.publicpartnerships.com/virginia.asp> at *"Employee's Withholding Exemption Certificate Form VA-4."*

I Provide Services for:

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F _____
(Note. Do not include child support payments. See Pub. 503 , Child and Dependent Care Expenses, for details.)		
G	Child Tax Credit (including additional child tax credit): <ul style="list-style-type: none"> • If your total income will be less than \$55,000 (\$82,000 if married), enter "2" for each eligible child. • If your total income will be between \$55,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H _____
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2006</div>
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____
7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. Employee's signature (Form is not valid unless you sign it.) ▶				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2006)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2006 tax return.

- 1 Enter an estimate of your 2006 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2006, you may have to reduce your itemized deductions if your income is over \$150,500 (\$75,250 if married filing separately). See *Worksheet 3* in Pub. 919 for details.) . . . **1** \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$10,300 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,550 \text{ if head of household} \\ \$5,150 \text{ if single or married filing separately} \end{array} \right\}$. . . **2** \$ _____
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . **3** \$ _____
- 4 Enter an estimate of your 2006 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 7* in Pub. 919) . . . **5** \$ _____
- 6 Enter an estimate of your 2006 nonwage income (such as dividends or interest) . . . **6** \$ _____
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than "-0-" . . . **7** \$ _____
- 8 **Divide** the amount on line 7 by \$3,300 and enter the result here. Drop any fraction . . . **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . **10** _____

Two-Earner/Two-Job Worksheet (See *Two earners/two jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here . . . **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . **3** _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet . . . **4** _____
 - 5 Enter the number from line 1 of this worksheet . . . **5** _____
 - 6 **Subtract** line 5 from line 4 . . . **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . **8** \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2006. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2005. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . **9** \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly						All Others	
If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$42,000	\$0 - \$4,500	0	\$42,001 and over	32,001 - 38,000	6	\$0 - \$6,000	0
	4,501 - 9,000	1		38,001 - 46,000	7	6,001 - 12,000	1
	9,001 - 18,000	2		46,001 - 55,000	8	12,001 - 19,000	2
	18,001 and over	3		55,001 - 60,000	9	19,001 - 26,000	3
				60,001 - 65,000	10	26,001 - 35,000	4
\$42,001 and over	\$0 - \$4,500	0		65,001 - 75,000	11	35,001 - 50,000	5
	4,501 - 9,000	1		75,001 - 95,000	12	50,001 - 65,000	6
	9,001 - 18,000	2		95,001 - 105,000	13	65,001 - 80,000	7
	18,001 - 22,000	3		105,001 - 120,000	14	80,001 - 90,000	8
	22,001 - 26,000	4		120,001 and over	15	90,001 - 120,000	9
	26,001 - 32,000	5				120,001 and over	10

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$60,000	\$500	\$0 - \$30,000	\$500
60,001 - 115,000	830	30,001 - 75,000	830
115,001 - 165,000	920	75,001 - 145,000	920
165,001 - 290,000	1,090	145,001 - 330,000	1,090
290,001 and over	1,160	330,001 and over	1,160

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to

the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Printed on recycled paper

VA FORM VA-4

- This form is used to withhold the correct state income tax from an employee's pay.
- Some employees are exempt from withholding.
- The form can be found at http://www.tax.virginia.gov/web_pdfs/busForms/va4.pdf.
- Print attendant's social security number, full name, home street address, and city, state, and zip in the spaces provided.
- Enter the number from line 4 in the first section.
- Enter the number from line 7 in the first section.
- Enter a number 1 for all statements the pertaining to the employee's situation.
- Enter the total number (line 8) from the first section.
- Enter the dollar amount you would like withheld, in addition to the attendant's regular withholdings, from the attendant's paycheck.
- If you are exempt from withholding, place a check in the appropriate box.
- The employer must sign his or her name and print the date.

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION

PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse)
4. Subtotal Personal Exemptions (add lines 1 through 3)
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6)
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your social security number	Name	
Street Address		
City	State	ZIP Code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
 - (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet
2. Enter the amount of **additional** withholding requested (see instructions)
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here) ☐

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.

VA DEPT OF TAXATION
2601064 REV 10/04

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

(a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.

(b) You expect your Virginia adjusted gross income to be less than:

Prior to 1/1/2005		On or After 1/1/2005	
Single	\$5,000	Single	\$7,000
Married, filing a joint or combined return	\$8,000	Married, filing a joint or combined return	\$14,000
Married, filing a separate return	\$4,000	Married, filing a separate return	\$7,000

(c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.

(d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

EMPLOYMENT AGREEMENT

- This is a 5-page form. Page one has several spaces where the employer inserts information. Pages 2-4 have more information to review. Page 5 is where the employee and employer both sign this form.
- The employee is hired and directly supervised by the employer.
- The employee must comply with the policies outlined in the employment agreement.
- Form can be found at :<http://www.publicpartnerships.com/virginia.asp> at “*Employment Agreement.*”

INSTRUCTIONS FOR PAGE 1

- Print the calendar day, month, and last two digits of the year.
- Print the employee’s name and then the employer’s name. On the final line, print the consumer’s name (if different from the employer).
- Print the rate of pay as determined by the employer’s FIPS code.
- Print the amount of hours of advance notice the employee must provide to the employer if unable to work at the scheduled time. On the second line, print the amount of hours of advance notice the employer must provide if there is a change in the employee’s schedule.

INSTRUCTIONS FOR PAGES 2-4

- Please review all information.

INSTRUCTIONS FOR PAGE 5

- Place the employer’s signature and on the second line, the date.
- Print the relationship to the employer (if guardian) and the date.
- Place the employee’s signature and on the second line, the date.
- Print the employee’s phone number and on the second line, the date.
- Print the employee’s alternate phone number and on the second line, the date.

EMPLOYMENT AGREEMENT BETWEEN EMPLOYER AND ATTENDANT

The Attendant is hired and supervised directly by the Employer. The Attendant must comply with the policies outlined below. This document must be signed and a copy maintained by the Employer and Attendant, and a copy must be included in the *Employment Packet* that is sent to the fiscal agent.

Parties to Agreement

This employment Agreement is made this ____ day of _____, 20 ____, by and between _____, hereinafter called "Attendant," and _____, hereinafter called "Employer." The purpose of this Agreement is to establish the responsibilities of the parties to each other. The Attendant is an employee at will. The consumer served under this agreement is _____.

Compensation

The Attendant shall be compensated for their services at the hourly rate of \$_____.

Duration of Agreement

This Agreement will be effective when it is signed by both parties. Either party may terminate this Agreement and the employment contemplated herein at any time and without liability for doing so, by giving the other party hereto at least 5 (five) days prior notice. Notice may be provided either orally or in writing. When employment is terminated, the employer must send a 'NOTICE OF DISCONTINUED EMPLOYMENT' form to the fiscal agent. This form can be found in the employer packet.

Modification of Agreement

This Agreement may be modified by Agreement of both parties. Modification of this Agreement must be in writing. Signed copies of all new agreements must be provided to PPL.

Scheduling

If the Personal Attendant is unable to work a scheduled time, the Attendant shall provide at least _____ hours advance notice to the Employer, in order for the Employer to find an alternate. A change in time by the Employer or Personal Attendant must be scheduled at least _____ hours in advance. In case of emergency, the Attendant will notify

the Employer or another designated person. Such person shall be designated in advance, in writing. If an Attendant is knowingly going to be late, he or she shall notify the Employer by telephone.

Attendant Qualifications, Duties and Policies

The Attendant attests that they meet the minimum qualifications for employment in the Waiver Program and hereby agrees to the duties and policies as specified below. Qualifications, duties and policies of the Attendant include, but are not limited to, the following:

1. Attendant is 18 years of age or older.
2. Attendant has the required skills to perform Attendant care services as specified in the Employer's plan of care.
3. Attendant possesses basic math, reading, and writing skills.
4. Attendant possesses a valid Social Security Number and is authorized to work in the United States.
5. Attendant is willing to submit to a criminal record check. If the Attendant is found of having been convicted of one of the crimes listed in the *Code of Virginia* (Section 32.1-162.9:1) or Medicaid regulations (12 VAC 30-120-770) OR if a complaint confirmed by the DSS Central Registry is found, the Attendant acknowledges that they will not be paid for services performed after the results of the check is received.
6. Attendant can demonstrate the capability to perform health maintenance activities required by the Employer or specified in the Employer's plan of care, or be willing to receive training in performance of the specified health maintenance activities.
7. Attendant agrees that Federal Income, Medicare, Social Security and Virginia Income Tax (as applicable) shall be withheld from Attendant wages per IRS Form W-4 and Virginia Form VA-4 as completed by the Attendant.
8. Attendant acknowledges and understands that funds available for payment are authorized by the Commonwealth of Virginia, Department of Medical Assistance Services, in advance of work performed. Payment to the Attendant shall only be made as authorized by the Commonwealth of Virginia, Department of Medical Assistance Services. Attendants shall only perform work within the authorized hour amount as they will not be compensated by the Commonwealth of Virginia, Department of Medical Assistance Services, for work performed in excess of the authorized amount. Any work performed over the amount authorized by the Department of Medical Assistance will be paid to the Attendant by the Employer.
9. The Attendant will not be paid for services not performed or time not worked and will not be paid for services when the consumer is hospitalized or in a nursing facility or assisted living facility.
10. Timesheets must be properly completed and signed by both the Employer and the Attendant. Hours recorded on timesheets cannot exceed the authorized number of hours. Timesheets are due to the fiscal agent within two business days from the end of the pay

period. Timesheets received after two days will be paid within the next payroll cycle. Incorrect timesheets will be “pending” and no paycheck will be issued. Timesheets must be submitted by the consumer or Attendant in accordance with the payroll schedule.

11. All documents required by the *Employment Packet* must be completed by the Attendant and submitted to the fiscal agent prior to performing work.

12. The Attendant acknowledges that the Employer may be required to pay the Attendant a ‘Patient Pay’ amount. If so, the Attendant understands that this amount will not be included in the payment received from the fiscal agent. The fiscal agent will, however, withhold applicable taxes on this amount.

13. All paychecks are mailed directly to the Attendant’s home or are sent by direct deposit.

14. Payment of Attendant wages is from Federal and State funds. Any false claims, statements, documents or concealment of material facts will be prosecuted under applicable Federal and State laws.

15. Attendant agrees to assist the Consumer by providing the services and performing the activities specified in Consumer’s plan of care.

16. Attendant agrees to protect the health and welfare of the Consumer by providing authorized services in accordance with the policies and standards of the Waiver Programs, including the Minimum Qualifications for Employment as an Attendant.

17. Attendant agrees to provide Attendant Services as specified in the Consumer’s plan of care on a schedule mutually agreed upon between the Employer and the Attendant. Occasional variations in the Attendant tasks and in the schedule may occur, based on mutual Agreement of the parties.

18. In the event of illness, emergency, or incident preventing Attendant from providing scheduled service to the Employer, the Attendant agrees to notify the Employer as soon as possible so that the Employer can obtain assistance from someone else.

19. Attendant agrees to participate in training in providing Attendant services, including training in performing any health activities, as required by the Employer or as specified in the Employer’s plan of care.

20. Attendant agrees to confidentially maintain all information regarding the Employer and to respect the Employer’s privacy.

21. Attendant understands that this Agreement does not guarantee employment or payment of wages for any time period.

22. Attendant understands that the Attendant is employed by the Employer and not the Service Facilitator, the fiscal agent, the Department of Medical Assistance Services, or the Commonwealth of Virginia.

23. Employer's property is not to be used for the Attendant's personal use, unless mutually agreed upon by both parties prior to use of property. All private matters discussed during working times shall be kept confidential.

24. Attendants are to be punctual, neatly dressed, and respectful of all family members. All instructions as to care shall be carried out carefully. The Employer's telephone may be used only with permission.

25. Misrepresentation of time, services, individuals and/or other information is not permitted in the Department of Medical Assistance Fiscal Agent program. If the Employer or Attendant signs a timesheet that is determined to misrepresent information, the consumer may lose the option of consumer-direction.

26. Attendant understands that they may not be paid for services furnished if there is another family member/caregiver living under the same roof unless there is objective written documentation attached to this application as to why there are no other providers available to provide the care and that this situation must be approved by the consumer's Service Facilitator and the fiscal agent.

Employer Responsibilities

1. Employer agrees to orient, train, and direct the Attendant in providing the Attendant services that are described and authorized by the consumer's plan of care that are requested by the Employer.

2. Employer agrees to establish a mutually agreeable schedule for the Attendant's services, either orally or in writing.

3. Employer agrees to provide adequate notice of changes in the Attendant's work schedule in the event of unforeseen circumstances or emergencies, but such notice cannot be guaranteed.

4. In consideration of the Attendant's satisfactory job performance, the Employer agrees to authorize completed Attendant timesheets and to pay the Attendant 'Patient Pay' net wages on a regular and timely basis according to the predetermined Payroll Schedule. Net wages will include gross earnings calculated according to the Attendant's pay rate minus payroll deductions for employee's share of applicable state and federal payroll withholdings.

5. Employer agrees to select or employ Attendant **on an interim basis pending completion of a criminal history record check, for those crimes as specified in 12 VAC 30-90-180**. The Employer has discussed with the Attendant and reserves the right to dismiss the Attendant based on the results of the criminal history record check and DSS/CPS Registry Check, as applicable.

6. Attendants shall only perform work within the Department of Medical Assistance authorized hour amount as they will not be compensated by the Commonwealth of Virginia, Department of Medical Assistance Services for work performed in excess of the authorized amount. The Employer is individually responsible

to compensate the attendant for any work performed in excess of the amount authorized by the Department of Medical Assistance.

7. Misrepresentation of time, services, individuals and/or other information is not permitted in the Department of Medical Assistance Fiscal Agent program. If the employer or attendant signs a timesheet that is determined to misrepresent information, the consumer may lose the option of consumer-direction.

8. Attendants are not covered under Worker' Compensation in the Consumer-Directed Program.

Mutual Responsibilities

The parties agree to follow the policies and procedures of the consumer's Service Facilitator, of the Service Facilitator's Agency's Designees, and of the Waiver Programs. The Attendant and Employer agree to hold harmless, release, and forever discharge the Department of Medical Assistance Services, the Service Facilitator and the fiscal agent from any claims and/or damages that might arise out of any action or omissions by the Attendant, Employer, or Consumer.

The Employer and Attendant must sign below to begin an employment relationship through this program. By signing below, the Attendant and the Employer listed above hereby agree to all qualifications, duties, responsibilities and policies as outlined in this Employment Agreement:

Employer's Signature: _____ Date: _____

(If Guardian) Relationship to Employer: _____ Date: _____

Attendant Signature: _____ Date: _____

Attendant Telephone Number: _____ Date: _____

Attendant Alternate Telephone: _____ Date: _____

*This form is a part of the Employment Packet and must be completed and sent to the fiscal agent.
/CD Payroll Fiscal/Forms/Employment Agreement (rev. 02/2007)

FEDERAL TAX EXEMPTION INFORMATION FORM (OPTIONAL)

- This form is used to identify the relationship between employers (consumers) and their employees (providers/attendants).
- The IRS has criteria to determine if you are exempt from certain federal taxes based on the employer/employee relationship.
- Please follow the detailed instructions on this form.
- Check only the box that accurately completes this statement: I am paid through this program for services I provide ...(check only one box).
- Employers and employees must print and sign their names.
- Form can be found at :<http://www.publicpartnerships.com/virginia.asp> at *“PPL/Employer/Employee Relationship Federal Tax Exemption Information Form.”*

Employer/Employee Relationship Federal Tax Exemption Information Form

What is the purpose of this form?

This form is used to identify the relationship between an employer (recipient) and their employee (attendant). The IRS has criteria to determine if you are exempt from certain federal taxes (FICA & FUTA) based on the participant/provider relationship.

Instructions:

- 1) Check the box that describes your relationship with the person for whom you provide services. If none of the relationships apply, check 'none of the above'.
- 2) Attendant sign at the bottom to confirm that the information is correct.
- 3) Employer sign at the bottom to confirm that the information is correct.
- 4) Return form to PPL with employee tax forms included in this packet.

I am paid through this program for services I provide:

<input type="checkbox"/>	for my parent
<input type="checkbox"/>	for my spouse
<input type="checkbox"/>	for my child
<input type="checkbox"/>	none of the above

I hereby certify that the information presented above is correct to the best of my knowledge.

Print Recipient Name: _____

Recipient Signature: _____

Attendant Name: _____

Attendant Signature: _____

ELECTRONIC FUNDS TRANSFER APPLICATION

This form is used to transfer funds (received from the services the attendant provided) directly into the attendant's bank account. This is the fastest and safest way to receive payment from the fiscal agent.

- In Section 1, select which type of EFT: change or account creation. Check the "close account" box only if this is a cancellation request.
- In Section 2, print your EIN or social security number. Print your name, business telephone number, payee address (including city, state, and zip code) on the last line of this section.
- In Section 3, read the information and sign your name, print your title, and date the form.
- In Section 4, print your bank's name and street address. Print your routing number and account number. Check the box next to the type of account. Print your bank's city, state, and zip code.
- Complete Section 5 only if this is a cancellation request. Enter the reason for the cancellation.
- This form can be found at <http://www.publicpartnerships.com/virginia.asp> at "*EFT Packet*."
- Please note that it is anticipated that this process will take 1 to 2 weeks from the time the fiscal agent receives your signed application. However, at present it may take extra time (perhaps as many as 6 weeks) before electronic funds transfer is set up for the attendant.



PAYMENT BY ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION GUIDE FOR VENDORS & EFT APPLICATION

Updated: August 2005

Electronic Funds Transfer (EFT) is the fastest, safest way to receive payment from Public Partnerships, LLC (PPL) for delivery of services to consumers who receive support from Virginia DMAS.

For specific instructions to set-up an EFT account, review the 3 steps below and complete the attached application. If you have any questions, contact PPL at (866) 259-3009.

1. MEET EFT REQUIREMENTS

You may receive payment for invoices by Electronic Funds Transfer (EFT) if you meet the following requirements:

1. You must expect to receive routine PPL payments.
2. You must fill-out the Vendor EFT Authorization form. The person filling out the form must have the authority to authorize processing.
3. You must agree to immediately notify PPL in writing if you change your bank, account number or type, ABA routing number, and contact information. With changes, you may need to submit a new Vendor EFT Authorization form.

2. SUBMIT EFT APPLICATION TO PPL

Complete and sign the EFT application and enclose with it a voided check, deposit slip or a letter from your bank that states your account number for the account you wish the payment to be deposited. The application and the voided check must be mailed to:

Mail:

Public Partnerships, LLC
Fiscal Agent Services
P.O. Box 662
Richmond, VA 23218-0662

3. AWAIT CONFIRMATION FROM PPL

Your EFT account will become active after PPL verifies your bank account number with your bank. **The whole process will take 1 to 2 weeks from the time we receive your signed application.**

If there is a change in bank account information, your PPL payment account will be taken off EFT status until the new bank account information is verified. **Verification may take a few weeks. You will receive regular paper checks in the interim period.**

The EFT payment is sent on payday and should be in your bank account the next morning. Please be aware that bank holidays may delay payment posting. After considering bank holidays, contact PPL if you don't receive your payment on time.



FORM -EFT1
02/01/05

SECTION 5	CANCELLATION		
	18 Cancellation Reason		
PPL USE ONLY			
Staff Entry		Vendor ID #	Staff Validation & Date

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

- All potential employees submit to a Criminal History Check. Convictions for certain crimes disqualify a potential employee from providing services.
- These checks are conducted by the Virginia State Police.
- Potential employees must complete and sign both forms. Both copies need to be notarized and submitted to the fiscal agent.
- **The fiscal agent will conduct the limited criminal history on behalf of the employer and pay the required fee. The CD services employer does not pay the fee.**
- If there is an issue identified on the criminal history report that does not disqualify an attendant from employment, the employer will need to decide whether to retain the person's services. Employers will need to acknowledge their choice by signing a form. This form is called *Individual/Employer Acceptance of Responsibility for Employment*.
- This form can be found at <http://www.publicpartnerships.com/virginia.asp> at "*Criminal History Record Name Search Request Form SP 167.*"

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

PURPOSE OF THIS REQUEST (Check only one):			
<input type="checkbox"/> ADOPTION-DOMESTIC	<input type="checkbox"/> ADOPTION-INTERNATIONAL		
<input type="checkbox"/> VISA (INTERNATIONAL TRAVEL)	<input checked="" type="checkbox"/> OTHER (please specify): <u>Employment: Domestic services and health care</u>		
NAME INFORMATION TO BE SEARCHED:			
<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>MAIDEN NAME</u>
<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u> / / (MM/DD/YYYY)	<u>SOCIAL SECURITY NUMBER</u>
AFFIDAVIT FOR RELEASE OF INFORMATION:			
I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.			
_____ Signature of Person			
State of _____; County/City of _____, to wit: Subscribed and sworn to before me this _____ day of _____, 20 ____.			
My Commission expires _____, 20 ____.			
_____ Signature of Notary Public			
SIGNATURE OF PERSON MAKING REQUEST:			
As provided in Section 19.2-389, <u>Code of Virginia</u> , I hereby request the criminal history record of the individual named in Section 1 and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.			
_____ Signature of Person Making Request			
State of <u>VIRGINIA</u> ; County/City of _____, to wit: Subscribed and sworn to before me this _____ day of _____, 20 ____.			
My Commission expires _____, 20 ____.			
_____ Signature of Notary Public			
NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:			
Mail Reply To:			
<u>NAME</u> Public Partnerships, LLC			
<u>ATTENTION</u> C/O Criminal History Check			
<u>ADDRESS</u> P.O. Box 662			
<u>CITY</u> Richmond	<u>STATE</u> VA	<u>ZIP CODE</u> 23218	
FEES FOR SERVICE:			
FEES:		* FEES For Volunteers with Non-Profit Organizations:	
<input checked="" type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH	<input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH		
<input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH	<input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH		
* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.			
METHOD OF PAYMENT: (Note: Personal Checks <u>Not</u> Accepted)		Mail Request To:	
<input type="checkbox"/> Business or Certified Check or Money Order (payable to Virginia State Police)		Virginia State Police Central Criminal Records Exchange P.O. Box 85076 Richmond, Virginia 23261-5076	
<input type="checkbox"/> Charge Card <input type="checkbox"/> MasterCard  OR <input type="checkbox"/> Visa 			
Account Number: - - -			
Expiration Date: / /			
Signature of Cardholder: _____			
<input type="checkbox"/> Virginia State Police Charge Account Number: _____			
FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE			
Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.			
<input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record <input type="checkbox"/> No Criminal Record – Name Search Only <input type="checkbox"/> No Criminal Record – Fingerprint Search <input type="checkbox"/> No Sex Offender Registration Record <input type="checkbox"/> Criminal Record Attached		Purpose code: <input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> O	
Date _____ By CCRE/ _____			

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY REQUEST FORM

Pay By: Certified Check/Money Order or Business Check made payable to "Virginia State Police"

OR will accept VISA and MasterCard

Personal Checks Not Accepted

Discard these Instructions Prior to Submitting to State Police

Refer to Page 2 of this Form for Pricing Structure and Types of Name Searches Available

If you are interested in obtaining a name search of the "Sex Offender and Crimes
Against Minors Registry," refer to the instructions on page 2 of this form.

The Form must be **TYPED OR NEATLY HAND-PRINTED**.
Complete the Criminal History Record Request by Following these Instructions:

PURPOSE OF THIS REQUEST:

Primary reason for request.

NAME INFORMATION TO BE SEARCHED:

Name, race, sex, date of birth, and social security number on whom the criminal record name search is to be conducted.

Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Numbers provided will be used to help identify the proper record and will be used for no other purpose.

AFFIDAVIT FOR RELEASE OF INFORMATION:

Individual's signature on which the search is to be conducted. The signature indicating consent must be notarized for the search to be conducted and mailed to the individual or authorized agent (if applicable).

SIGNATURE OF PERSON MAKING REQUEST:

Affidavit must be signed by authorized agent and notarized to receive the search results.

**NAME AND MAILING ADDRESS OF AGENCY,
INDIVIDUAL OR AGENT MAKING REQUEST:**

Name and complete mailing address of the individual, agency or authorized agent to receive processed criminal record search must be completed.

FEES FOR SERVICE:

Indicate fee that is submitted, based upon type of request. Fees for volunteer of non-profit organizations must be accompanied with their tax exempt number.

METHOD OF PAYMENT:

Indicate method of payment.

Mail the Complete S.P. 167 "Criminal History Record Request" to:

Virginia State Police
Central Criminal Records Exchange - NF
P.O. Box 85076
Richmond, Virginia 23261-5076

Instructions For Requesting a Search of the "Sex Offender and Crimes Against Minors Registry"

In accordance with Section 9.1-900 – 9.1-918, Code of Virginia, the Central Criminal Records Exchange of the Virginia Department of State Police is responsible for maintaining the above captioned Registry containing name, personal descriptive/conviction information and photographs of individuals convicted of specific sex offenses. The law also provides for the dissemination of sex offender registrations for the following purpose: Child/adult care, child minding, public/child protection, daycare services, volunteering services or employment. To request an inquiry of the Registry, S.P. 266 "Sex Offender and Crimes Against Minors Registry" name search forms may be obtained by downloading from the State Police's web-site on the Internet @www.virginiatrooper.org.

There are two classifications of sex offenders: the sex offender and violent sex offender. A single name search can be conducted to determine if a person is convicted of a violent or sex offense by completing and S.P 266 form. Violent sex offenders can be searched through the Internet at the above web-site.

Cost Structure and Types of Records Searches Available

CRIMINAL HISTORY RECORD	\$15.00 per search of Criminal History Name File.
COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$20.00 for a COMBINATION criminal history record name search conducted and a Sex Offender and Crimes Against Minors name search.
COMPLETE SEX OFFENDER REGISTRY	\$15.00 per search of the Sex Offender Registry only through the submission of an S.P. 266 "Sex Offender and Crimes Against Minors" name search request form.
VIOLENT SEX OFFENDERS	No Charge for searches conducted of violent offender registrations ONLY through the Internet.
NON-PROFIT ORGANIZATION COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$16.00 for a COMBINATION criminal history record name search conducted for a "Criminal History Record Name Search" and "Sex Offender and Crimes Against Minors." The purpose of this search is for volunteering services for a non-profit organization. The S.P. 167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.
NON-PROFIT ORGANIZATION COMPLETE SEX OFFENDER	\$8.00 for each name search of the Sex Offender Registry conducted for individuals volunteering for a non-profit organization. The S.P. 167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES/CHILD PROTECTIVE SERVICES CENTRAL REGISTRY RELEASE

Purpose: This form authorizes the fiscal agent to check DSS/CPS to determine whether a complaint of abuse or neglect against a child has been registered. It must be notarized and submitted to the fiscal agent.

- All potential employees who will provide services to a consumer under 18 years old must submit to the *Virginia Department of Social Service/Child Protective Services (VDSS/CPS) Criminal Registry Release of Information Form*.
- The fiscal agent will pay the \$5.00 processing fee. The CD services employer is not responsible for paying this fee.
- The form can be found at <http://www.publicpartnerships.com/virginia.asp> at “*Virginia DSS/CPS Central Registry Release of Information Form Instructions*.”
- Instructions for the form can be found at The form can be found at <http://www.publicpartnerships.com/virginia.asp> at “*Virginia DSS/CPS Central Registry Release of Information Form*.”

Virginia Department of Social Services/Child Protective Services

Central Registry Release of Information Form

MAIL REPLY TO: Agency, Individual or Authorized Agent

Name Public Partnerships, LLC <hr/> Street/RFD P.O. Box 662 <hr/> City Richmond State VA Zip Code 23218-0662 <hr/> Attention person Criminal History Check	Purpose of Search Check one Foster Parent _____ School Personnel _____ Adoptive Parent _____ Institutional Employee _____ Custody Evaluation _____ Other Employment <input checked="" type="checkbox"/> Babysitter/Family Day Care _____ Day Care Center _____ CASA _____ Volunteer _____ Other _____ <hr/> Phone Number (866) 259-3009
--	--

-- Fold line ----- fold line

Read all INSTRUCTIONS before completing form: Incomplete forms will be returned.

1. Type or **print legibly in ink**.
2. Indicate **N/A** if not applicable. (Incomplete forms will be returned)
3. Submit a separate form for each individual whose name is to be searched.
4. Provide proof of identify and sign Part III in the presence of a Notary Public.
5. Enclose **\$5.00 money order, company /business check or cashiers check** payable to: Virginia Department of Social Services (unless waived)
DO NOT SEND CASH or PERSONAL CHECKS.
6. Search results disseminated beyond the requesting agency/individual named below is not considered official.
7. Mail completed form to: **Virginia Department of Social Services, 7 N. Eighth Street, 4th floor, Richmond VA. 23219**

**** Payment Code/Fips (as assigned by Central Registry Unit)** _____

Part II: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED

Identifying Information

Last Name	First Name	Full Middle	Maiden Name (Birth Last Name)
-----------	------------	-------------	-------------------------------

If birth name is an initial only, show the initial and write "only initial". If there is no middle name, show "N/A"

Sex	Race	Date of Birth	Last Names from Previous Marriages	Social Security# or Driver's License Number
-----	------	---------------	------------------------------------	--

All Other Names By Which Individual Has Been Known

(Nicknames, previous married names...)

Current Address

Street	City	State	Zip Code
--------	------	-------	----------

Prior Addresses and Dates

Street	City	State	Zip Code	Date
Street	City	State	Zip Code	Date

Current Spouse

(N/A if not married)

Last Name	First	Full Middle (no initials)	Maiden name	Sex	Race	Birth Date
-----------	-------	---------------------------	-------------	-----	------	------------

All Previous Spouses

Show "N/A" if you never married

Last Name	First	Full Middle (no initials)	Maiden name	Sex	Race	Birth Date
-----------	-------	---------------------------	-------------	-----	------	------------

Full Names of All Children: (Include Adult Children, Step, Foster and Children Not Living with You. Attach additional paper if needed)

Show "N/A" if you do not have children

Last	First	Full Middle (no initials)	Sex	Race	Birth Date
Last	First	Full Middle (no initials)	Sex	Race	Birth Date
Last	First	Full Middle (no initials)	Sex	Race	Birth Date
Last	First	Full Middle (no initials)	Sex	Race	Birth Date

032-02-0151-04-eng (02/06)

OVER

Part III: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of person to be searched
(Sign in the presence of a notary)

CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, 20____

Notary Public signature

My Commission Expires: _____

CENTRAL REGISTRY FINDINGS

(To be used by Central Registry staff only)

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to Central Registry Unit in order for us to make a determination:

Worker: _____

Date: _____

2. Based on information provided by the local department of social services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the _____ Department of Social Services at:

Telephone _____ Street _____ City _____ State _____
_____ in reference to Child Protective Service case/File# _____

3. _____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry Child Abuse/Neglect

Signature of worker completing search: _____ Date: _____

APPENDIX C

TIME SHEETS

Purpose: This is the form that your attendant will use daily to record their time worked. The fiscal agent will pay attendants ONLY when an *accurately completed* timesheet is received.

Who Completes: The attendant and the employer. Both must sign off.

Where Is It Sent? Timesheets should be faxed to the fiscal agent at the toll-free number: **888-564-1532**. They can also be mailed to:

Consumer-Directed Payroll
P.O. Box 662
Richmond, Virginia 23218-0662

These forms can all be found on the fiscal agent website at <http://www.publicpartnerships.com/virginia.asp>.

If you need help submitting timesheets, call the fiscal agent toll-free at (866) 259-3009.

Points to Remember When Completing Timesheets:

- The attendant and the employer (or designated person) must both sign the timesheet.
- Use black ink. Do not use pencil or colored ink.
- Stay inside the lines; try not to touch the edges of the box when writing numbers and letters.
- Write numbers and letters clearly.
- Complete one timesheet per employer.
- The employer has service units available.
- Timesheets are completed for 2-week intervals.
- There are 2 schedules. **Schedule A** must be used by consumers living in the Tidewater and Central Virginia Region. **Schedule B** is used by consumers living in Northern Virginia, Piedmont, and Southwest Virginia. It is important to follow the correct payroll schedule for your region. Your SF can tell you in which region you reside. Copies of the schedules are attached.
- You may make copies of the timesheet. Make good quality copies that are full-sized (not reduced on a copier) and straight (not misaligned during copying). This is necessary in order for the fiscal agent's scanners to read them. Poor quality copies may cause delays in receiving payment.
- Employers and attendants must write their ID numbers.
- Use two lines when an attendant starts and stops work two times in the same day (e.g., works 9:00 to noon in the morning, then works 4:00 to 6:00 in the evening).

- Use A.M. and P.M. correctly.
- Use a separate timesheet for each service type. Fill in only one service type bubble per timesheet.
- If time crosses over midnight, put hours up until midnight on one day and those after midnight on the next day.
- Fill in boxes with hours and minutes. Two and a half hours is completed 2:30.
- Do not use decimals.
- Do not use any other timesheet. The fiscal agent cannot pay attendants if a different timesheet is submitted.
- Do not cross out information if you make a mistake. Complete a new timesheet.
- Do not write notes on the timesheet or make stray marks.
- Do not forget to fill in all information such as Attendant and Consumer ID and Service Type.
- Do not use one timesheet for two consumers or more than one service type.
- You will find timesheets and additional instructions for completing timesheets contained in the *Employment Packet* and on the website.
- Enter the date in the “Pay Period START” column next to “WEEK 1 DATE” on the timesheet.
- Enter the date in the “Pay Period END” column next to “WEEK 2 DATE” on the timesheet.
- Circled dates indicate when a patient pay amount is due, if applicable.



Example Timesheet for Training Purposes Only

Do not fax this timesheet

See PPL website for blank timesheets or contact PPL at 866-259-3009

PUBLIC PARTNERSHIPS, LLC ATTENDANT TIME SHEET (Fiscal Intermediary for Virginia Department of Medical Assistance Services)

Attendant's Name: _____

Consumer's Name: _____

PPL Attendant ID: _____

Consumer's Medicaid ID Number: _____

Service Type (fill one):
☐ Attendant
☐ Respite
☐ Companion

FAX: PPL @ 888-564-1532 MAIL: PUBLIC PARTNERSHIPS LLC, PO BOX 662, RICHMOND, VA 23218-0662

61265

Week 1 Begin: Thursday (mm/dd/yyyy) / / / / / / / /

	Time	IN	AM/PM	Time	OUT	AM/PM	Total Hours
Thu							
Fri							
Sat							
Sun							
Mon							
Tue							
Wed							

Week 2 End: Wednesday (mm/dd/yyyy) / / / / / / / /

	Time	IN	AM/PM	Time	OUT	AM/PM	Total Hours
Thu							
Fri							
Sat							
Sun							
Mon							
Tue							
Wed							

By signing below, I certify that I have provided the services to the consumer during the times described on this time sheet.

Attendant Signature: _____

Date: / /

I certify that the consumer has received hours of service as reported above.

Consumer or Responsible Party Signature: _____

Date: / /

USE BLACK INK, PRINT ONE CHARACTER PER BOX, FILL CIRCLES COMPLETELY, DO NOT TOUCH THE LINES !!!

PAYROLL SCHEDULE - A



VA DMAS Consumer Directed Services Program For Central VA & Tidewater

Pay Period START	Pay Period END	Timesheet Faxed/Mailed By 5:00 PM	Check or Direct Deposit Issued
THURSDAY	WEDNESDAY	FRIDAY	FRIDAY
9/28/2006	10/4/2006	10/6/2006	10/13/2006
10/5/2006	10/18/2006	10/20/2006	10/27/2006
10/19/2006	11/1/2006	11/3/2006	11/10/2006
11/2/2006	11/15/2006	11/17/2006	11/24/2006
11/16/2006	11/29/2006	12/1/2006	12/8/2006
11/30/2006	12/13/2006	12/15/2006	12/22/2006
12/14/2006	12/27/2006	12/29/2006	1/5/2007
12/28/2006	1/10/2007	1/12/2007	1/19/2007
1/11/2007	1/24/2007	1/26/2007	2/2/2007
1/25/2007	2/7/2007	2/9/2007	2/16/2007
2/8/2007	2/21/2007	2/23/2007	3/2/2007
2/22/2007	3/7/2007	3/9/2007	3/16/2007
3/8/2007	3/21/2007	3/23/2007	3/30/2007
3/22/2007	4/4/2007	4/6/2007	4/13/2007
4/5/2007	4/18/2007	4/20/2007	4/27/2007
4/19/2007	5/2/2007	5/4/2007	5/11/2007
5/3/2007	5/16/2007	5/18/2007	5/25/2007
5/17/2007	5/30/2007	6/1/2007	6/8/2007
5/31/2007	6/13/2007	6/15/2007	6/22/2007
6/14/2007	6/27/2007	6/29/2007	7/6/2007
6/28/2007	7/11/2007	7/13/2007	7/20/2007
7/12/2007	7/25/2007	7/27/2007	8/3/2007

Circled Dates are payroll periods that include 1st day of the month. If you're responsible for paying your attendant(s) a **PATIENT PAY**, it's **DUE** when your attendant(s) receive their pay stub for the circled periods.

FAX SIGNED TIMESHEETS TO PPL AT (888) 564-1532

or mail to: Public Partnerships, LLC, PO Box 662, Richmond, VA 23218-0662

PAYROLL SCHEDULE - B



VA DMAS Consumer Directed Services Program

For Northern VA, Piedmont & Southwest

Pay Period START	Pay Period END	Timesheet Faxed/Mailed By 5:00 PM	Check or Direct Deposit Issued
THURSDAY	WEDNESDAY	FRIDAY	FRIDAY
9/28/2006	10/11/2006	10/13/2006	10/20/2006
10/12/2006	10/25/2006	10/27/2006	11/3/2006
10/26/2006	11/8/2006	11/10/2006	11/17/2006
11/9/2006	11/22/2006	11/24/2006	12/1/2006
11/23/2006	12/6/2006	12/8/2006	12/15/2006
12/7/2006	12/20/2006	12/22/2006	12/29/2006
12/21/2006	1/3/2007	1/5/2007	1/12/2007
1/4/2007	1/17/2007	1/19/2007	1/26/2007
1/18/2007	1/31/2007	2/2/2007	2/9/2007
2/1/2007	2/14/2007	2/16/2007	2/23/2007
2/15/2007	2/28/2007	3/2/2007	3/9/2007
3/1/2007	3/14/2007	3/16/2007	3/23/2007
3/15/2007	3/28/2007	3/30/2007	4/6/2007
3/29/2007	4/11/2007	4/13/2007	4/20/2007
4/12/2007	4/25/2007	4/27/2007	5/4/2007
4/26/2007	5/9/2007	5/11/2007	5/18/2007
5/10/2007	5/23/2007	5/25/2007	6/1/2007
5/24/2007	6/6/2007	6/8/2007	6/15/2007
6/7/2007	6/20/2007	6/22/2007	6/29/2007
6/21/2007	7/4/2007	7/6/2007	7/13/2007
7/5/2007	7/18/2007	7/20/2007	7/27/2007
7/19/2007	8/1/2007	8/3/2007	8/10/2007

Circled Dates are payroll periods that include 1st day of the month. If you're responsible for paying your attendant(s) a **PATIENT PAY**, it's **DUE** when your attendant(s) receive their pay stub for the circled periods.

FAX SIGNED TIMESHEETS TO PPL AT (888) 564-1532

or mail to: Public Partnerships, LLC, PO Box 662, Richmond, VA 23218-0662

**We hope this manual has been helpful to you.
It has been provided to you as a guide for your participation in
the Consumer-Directed Program. If at anytime you have
additional questions regarding the information in this manual you
may contact your accountant, Legal Aid or your lawyer.**